MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORI	E, 18	07
7621	CERTIFICATE OF DEATH	Reg.	Dist. No.

07570

1. PLACE OF DEATH a. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryla		h COUNTY	an: Residence Anne Au		
	If outside corporole limits, write earest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	outside corpo		URAL ond give	e nearest t	own)
OR INSTITUTION	TAL (If not in hospital, give stree and Beach	t address)	d. STREET ADDRESS Woodland	Resc	h		10	RESIDENCE N A FARM?
			II WOOGTAIN	1	,11			
3. NAME OF DECEASED (Type ar print)	First  CEARENCE BEN	Middle  IJAMIN ALBRITTO	Last V	4. DATE OF DEATH	July		Day 50	Yeor
s. sex Male	White WIDOV		B. DATE OF BIRTH May 19, 1877		9. AGE (In years lost birthdoy) 83 yrs.		YEAR IF UI	NDER 24 HRS.
		KIND OF BUSINESS OR INDU		or foreign c	ountry)	12. CITIZE	N OF WHA	T COUNTRY?
during mast of war Retire		Printer	Farmington	a, Ky	,	USA		VI COO! VIII.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME				
	Unknown	EVER CANEDA	Unknow	a				
	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	S. SOCIAL SECURITY NO.	NFORMANT		Add	ress		
no	no	none Min	na B. Albritte	on- wi	fe- same	as # 2	2	
Conditions, if a gave rise to i cause (a), stating lying couse lost.	mmediate the under- CC (c)	arcinomo	of bladde			O	3 m	t/ye
САТІС		CONTRIBUTING TO DEATH BUT				VEN IN PART 1	PE	REORMED?
OR CONTRIBUTING	AS UNDERLYING (20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in i	rari i or ror	Till ar item ib.j			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Year 20d. While at wo	e Nat while fac	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.	20f. (City	y or town)	(Cou	inty}	(Stote)
21. I certify the	nat I attended the deced	sed fram Nov	19.59, to	M. from	18, 1960, the causes an	that I last		
ACTUAL SIGNATURE	Wellard	FSmith			treet, city or lown,			ATE SIGNED
PHYSICIAN'S NAME (Type)	Willard F. Sn	nith MD	_Shady_Sig	le Ms	rvland		/ /	
220. BURIAL, CREMATIC REMOVAL (Specify)	DN, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY		TION (City, tawn,	or county)	(	Stote)
Burial	July 20, 1960		Cemetery	Anna		arvland		
23. FUNERAL DIRECTOR		ADDRESS		D BY REGIS		STRAR'S SIGN		
Henning Fu	neral Home	Annanolis Marz	DATE JU	L 21 '8	ou a	Muy S. H	nauca	

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#### CERTIFICATE OF DEATH

07571

No.

-						Reg. Dist. No.					
'	PLACE OF DEATH COUNTY Anne Aru			MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryland	/here decease	ed lived. If institution b. COUNTY Balti				ion)
A	b. CITY OR TOWN (II RURAL and give ne Crownsvi		ts, write c. LE	mo. years	c. CITY OR TOWN (IF		orote limits, write R	URAL and	give ne	rest tawr	1)
1	d. NAME OF HOSPITA	AL (If not in hospital, g		ss)	d. STREET ADDRESS	anvale	Street				FARM?
3	NAME OF DECEASED (Type or print)	Fir		Middle	Lost Autry	4. DATE OF DEATH	Mon	ith 7	Do		Year 19 60
5	SEX Female				B. DATE OF BIRTH February 28.	1895	9. AGE (In years lost birthday) 64. yrs.	IF UNDE Months			Min.
	Domestic	ing life, even if retired	dane 10b. KIND		North Ca	or foreign or			S.A		COUNTR
1:	S. WAS DECEASED EVER			AL SECURITY NO. 17. I	Annie Bob		Add	ress			4,0
) =	Unknown	If yes, give wor or dates of s	Unkr		Hospital Rec	ords	A. A. C	ounty		ERVAL BE	TWEEN
	The state of the s										
	Canditians, if ar gave rise to in cause (a), stating ( lying cause last.	the <u>under-</u> DUE TO	)		roidism						
MOLEVATION	gove rise to in couse (a), stating I lying couse lost.  PART II. OTH Chroni	the under DUE TO  ter SIGNIFICANT CON  C Brain Sy	olitions <u>contr</u>	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERA with Generali D. (Enter noture of injury in	zed Ar	terioscle			PERFO	AUTOPSY PRMED? NO A
MOTA CERTIFICATION	gave rise to in couse (a), storing thing couse lost.  PART II. OTH Chroni 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	nmediate the under- the under- tier significant con to Brain Sy  S UNDERLYING  C CAUSE OF DEATH MEDICAL EXAMINER	iditions contractions and contractions are contractions a	RIBUTING TO DEATH BUT  Associated W HOW INJURY OCCURRE	NOT RELATED TO THE TERA	zed Ar	rterioscle	erosi		PERFO	RMED?
TA DISTILLY AT	gave rise to in couse (a), stoling lying couse lost.  PART II. OTH  Chroni  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR! Hour a. m. p. m.  21. I certify th	in mediate the under. (c)  IRR SIGNIFICANT CON.  C Brain Sy.  S UNDERLYING   C AUSE OF DEATH MEDICAL EXAMINER;  Y Month, Day, Year	inditions contractions and contractions and contractions are contractions and contractions are contractions and contractions are contractions are contractions are contracting as a contraction of contracting are contracting as a contraction of contracting are contracting as a contra	RIBUTING TO DEATH BUT  Associated W HOW INJURY OCCURRED OCCURRED   20e. PL fo	NOT RELATED TO THE TERA with Generali  D. (Enter nature of injury in  ACE OF INJURY (Home, far clary, street, office bldg., et  19 , 19 , to  1 occurred at 7 3 354	m, 20f. (Cit	rterioscle rt II of item 18.)  y or town)  1960  m the causes of treet, city ar town,	,that I	(County)	PERFO YES D	(State
TACIBICAT	gave rise to in couse (a), stating lying couse lost.  PART II. OTH  Chroni  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour a. m. p. m.  21. I certify th alive on	mmediate he under. (c)  DUE TO (c)  DUE R SIGNIFICANT CON (c)  C Brain Sy:  S UNDERLYING ()  C AUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year ()  at I attended the 29	inditions contractions and contractions and contractions are contractions and contractions are contractions and contractions are contractions are contractions are contracting as a contraction of contracting are contracting as a contraction of contracting are contracting as a contra	ASSOCIATED HOW INJURY OCCURRED Not white of work  on, and that death	NOT RELATED TO THE TERM with Generali D. (Enter noture of injury in ACE OF INJURY (Home, for clary, street, office bldg., et  19, to n occurred at 7 \$ 354  M.D. Crownsvil	Part or Po  m, 20f. (Cit.  7/29  A. M, fra  ADDRESS (SILE St.	rterioscle rt II of item 18.) y or town)	that I	(County) last so the da	PERFOYES Daw the te state	(State

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urs after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be

world indifferent and the amount of the Market of the Ministry and the Control of AN AN AND ADDRESS AS

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	1 PLACE OF DEATH	

7584

o. C	OUNTY	Anne Arun	del	MARYLAND	o. ST	ATE	ryland	b. CO	UNTY .	e Aru	2 00
	ITY OR TOWN (IF JRAL ond give ned Annap		194	day	c. CI		RAL - S			give neare	st town)
0	NAME OF HOSPITA	del General		al	d. 5	Rt-1	ss Box-	167			IS RESIDENCE ON A FARM? YES NO
DEC	AE OF EASED e or print)	First Harold	O'NE	Middle	BE	Lost RRYMAN	4. DATE OF DEAT		Month July	Doy 6	Yeor 19 60
5. SEX	ale			NEVER MARRIED	B. DATE C	. ~	1 007	9. AGE (In )		-	UNDER 24 HRS. Hours Min.
10a. US du	UAL OCCUPATION	N (Give kind af work doing life, even if refired) ANAGER		RETIRE	D 8YF	BIRTHPLACE (S	yland,	country)		TIZEN OF W	VHAT COUNTRY?
	S DECEASED EVER	BERRYMAN IN U. S. ARMED FORC f yes, give war or dates of ser		SECURITY NO. 17.	INFORMAN MRS			GART ERRYMA	Address N SEVE	A IACT	PARK
1B.	CAUSE OF DEAT	mediate (	se per line far (a)		tery	Merc	enton	7		INTER	VAL BETWEEN AND DEATH
OR (IF	2. ACCIDENT WAS CONTRIBUTING I EITHER, NOTIFY A . TIME OF INJURY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20d, INJURY O	OW INJURY OCCURR	ED. (Enter r	noture of injur	y in Port I or P	art II of item 1	B.)		WAS AUTOPSY PERFORMED? (ES NO (Stote)
220	w the decease s. SIGNATURE c. PHYSICIAN'S NAME (Type)	(I) (this haspital) ed alive an Julul Richard N.	at work at	work	July death ac	courred at_	, 19.60, ta	staff PHYs.		ne date s	(I) (With last tated abave.  22b. DATE SIGNED 7-6-6-6
	RIAL, CREMATION MOVAL (Specify) URIAL	7/9/60		AME OF CEMETERY	OR CREMAT			ALTIMO		RYLAN	(State)
	ENRY SAI	NDER & SO		BALTIMO	ORE M	(T)	REC'D BY REGI	00	REGISTRAR'S S		

TO HOSP 1. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 must after death. Page 4 may be animed by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the with the State Board at Health priar to burial, crematian at removal, and in any event, within 72 hours after death.

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07573

<u></u>	
	PLACE OF DEATH a. COUNTY a. COUNTY a. STATE MARYLAND  2. USUAL RESIDENCE (Where decorded lived: If institution: Residence before admission) b. COUNTY
1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) RURAL and give nearest lown) RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET HODESS  ON A FARM?  YES \( \sigma \)  VES \( \sigma \)  VES \( \sigma \)  NO \( \sigma \)
	NAME OF DECEASED (Type or print)  Roy BUGENE BELINT OF DEATH JULY 12 1960
5.	SEX ALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years lost birthday)  WIDOWED DIVORCED JULY 19, 1911  9. AGE (In years lost birthday)  Months Days Hours Min.
100	a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  during most of warking life, even if retired)  HIP FITTER U.S. CAST GUARD  MARYLAND  12. CITIZEN OF WHAT COUNTRY  U.S.
13.	ROY ELLSWORTH BEZIAT ELSIE MOCH
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  So. no. or unknown)  (If yes, give war or dates of service)
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.  (c)  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  DUE TO  (b)  DUE TO
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?  YES \( \text{NO.} \text{NO.} \text{ESC.} \)
1 7	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Nat while at work at work at work at work at work at work.
	21. I certify that (I) (this hospital) attended the deceased fram 1950, ta 1950, ta 1950, that (I) (II) lass saw the deceased alive an 1950, and that death accurred atM, fram the causes and an the date stated above
	22a. SIGNATURE  M.D. ATTENDING MED. STAFF DIRECTOR DIRECT
	22c. PHYSICIAN'S RIMINGLAGHLIN 3708 MORRATAIN Rd. Oldsa Long, MO
	BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (State)  REMOVAL (Specify) 7/15/60 Leadowridge Com. 23d. Location (City, town, or county) State)
24.	McCully Funeral Homes 130 E. Fort Ave. # 30  250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE JUL 18'60  Cuthun 2. Homes

page 3 shauld be detached far use as the burial-transit permit. the State Board of Health priar ta burial, crematian, or remaval, TO HOSP DI MAY DE DINERAL D VR A15 (4) 15M 9/59

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and campletely filled in by

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 sined by the haspital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled uld be detached far use as the burial-transit permit. Then please removerance papers. Pages I and a Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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Amis dundel Mayland down bunder resul Factions II years sural Presidence Transcore Rober Hely licher ford Frey ENGENE RERMT TALY IN le 1/ME 14ME " TULY 1914 45 SHIPFITTER US COINT GUARD MARRYLAND US ROY ELISWORTH BEZIEF MOCH 1,5 to M MES. BYM BEERING PASTOPENA, KIS. a coste Coveray thombour 20 7/16/15 1 phy 2 30 tail 12 60 A. ir. My Junghlund X Solution Her RM. McLARGHLIN 3708 Mantain Rd Blading, 190

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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07574

1. PLACE OF DEATH o. COUNTY	Anne An	unde	] MARYL	AND	2. USUAL RESIDENCE (W o. STATE Mary)		d lived. If instituti b. COUNTY	70 1	e before od ce Geo	
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	RURAL ond gi	ive nearest t	awn)
RURAL and give ne	oolis		7 days		RURAI	- Mit	chellvil	le	16)	x = 2
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital,	give street	address)		d. STREET ADDRESS				e. 15	RESIDENCE N A FARM?
Anne Arunde	el General	Hosp	ital		1					NO NO
3. NAME OF	Fi	rst	Middle		Lost	4. DATE	Mai	nth .	Day	Year
(Type or print)	Robert		Oswald		BOTELER	OF DEATH	Jul	U	7	1960
5. SEX		7. MAR	RIED NEVER MARRIED	D   B.	DATE OF BIRTH		9. AGE (In years last birthday)	-	Days Hou	NDER 24 HR
Male	White	WIDOW	ED DIVORCED		June 3, 189	)1	69 yrs.	Months	Days Hot	JIS MIII.
10a. USUAL OCCUPATIO	ON (Give kind af work	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZ	EN OF WHA	AT COUNTRY
Ret Tobaco		' 1	Tenent		Maryla	ind			U.S.	A
13. FATHER'S NAME	30 2 02 110 2		2 022022	EA.	14. MOTHER'S MAIDEN	NAME				
Charles I	am Rotel	er			Margaret	Ann	Pannia			
1S. WAS DECEASED EVE	-14	_	SOCIAL SECURITY NO.	17. INF	ORMANT	LYLILI		Iress		
(Yes, no, or unknown)	(If yes, give wor or dates of	ervice)		Ta	abel I. Bo	teler	-Same a	g Tte	em #2	
	TH I Catananiu ann a		ine for (o), (b), and (c).]	10		00101	D MILO G	D 700	1	L BPTWEEN
Canditians, if a gave rise to it couse (o), stoting lying cause last.	the <u>under-</u> DUE TO	) ) )	retret aus	ruy-	fellmosses					
PART II. OTH	ier significant con	IDITIONS	CONTRIBUTING TO DEA	TH BUT N	IOT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GI	VEN IN PART	PE	REORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Pa	rt II af item 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. I While at wa	Nat while		CE OF INJURY (Home, for ory, street, office bldg., et		y or town)	(C	ounty)	(State
21. I certify tha	(1) (this haspita	l) atten	ded the deceased f	fram_J	une 30, 19	960 , ta.	July 6.	19.60	2, that (	1) NWE) las
/	d alive anJ	/	4 -		ath accurred at					
220. SIGNATURE	echnif	)	Veeler		ATTENDING 2:25		STAFF		1-	22b. DATE SIGNE
22c. PHYSICIAN'S	F	-			22d. ADDRESS				1	1 4.
NAME (Type)	Richard N.	Peel	er		121 Cathe	edral S	St., Anna	polis	, Md.	
23a. BURIAL, CREMATIO		)F	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCA	TION (City, tawn,	or caunty)	(	(State)
REMOVAL (Specify) Burial	7/11/6	0	Christ C	hur	ch Cemeter	7	linton		Md.	
24. FUNERAL DIRECTOR'	1 2 22 2		ADDRESS	Md		D BY REGIS		ISTRAR'S SIG		
Ritchie R	ros Fun!	Hor	ne-Unper M		H			~		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 mins after death. Page 4 may be fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

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Carolina Samuel Carolina Mant encemande de la la la comi THE RESIDENCE OF THE PARTY OF T mes a constant of the contract of the contract

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dis 0.7575

1. PLACE OF DEAT 6. COUNTY Anne Ar			MARYLAND	2. USUAL RESIDENC o. STATE Maryland	E (Where dece	based lived. If institutes b. COUNTY Balt		efore admission)	/
b. CITY OR TOY	VN (If outside carporate limits,	write c. LENGT	H OF STAY IN 16	4	(If outside co	orporate limits, write I		nearest town)	1
Crownsv	ve nearest lown)	3 yr	s. 22 da;	Turner's	Stati	on	045	3-2	
	OSPITAL (If nat in haspital, give	street oddress)		d. STREET ADDRE	SS		V 40	e. IS RESIDENCE	
Crownsy	rille State Hos	pital		111 Avon	Beach	Road		YES TO NO	
3. NAME OF DECEASED (Type or print)	fist Sare	ah	Middle Ruth	Bumgardne	4. DA	-		Day Year 1960	
5. SEX	6. COLOR OR RACE 7.	MARRIED NE	VER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 H	
Female		IDOWED []	DIVORCED	September	25.190	3 lost birthday) 56 yrs	Months Day	rs Haurs Min	١.
10a. USUAL OCCU	PATION (Give kind of work dan	e 10b. KIND OF I	BUSINESS OR INDI	USTRY 11. BIRTHPLACE	State or foreig			OF WHAT COUN	TRY?
Housewi:	working lile, even if retired)			Vira	inia			J.S.A.	
13. FATHER'S NAMI				14. MOTHER'S MAIL					
	lliam Hurt			Sue	01.	Kes			
15. WAS DECEASED	EVER IN U. S. ARMED FORCES		CURITY NO. 17.	INFORMANT		Ado	Iress		
No	(it )at, give was as asset as the vice	214-24-	-6385	Hospital	Record	S			
18. CAUSE OF	DEATH [Enter only one cause	per line far (a),	(b), ond (c).]					NTERVAL BETWEEN	
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cet	rebral He	morrhage				INSET AND DEATH	1
10	DUE TO								
	if ony, which ) (b)_	Hyperter	nsive Car	diovascular	Disea	se			
	ting the under-								
lying couse I									
PART II.	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUT	TING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DIS	EASE CONDITION GI	VEN IN PART 1(a	19. WAS AUTOPS PERFORMED? YES NO	
OR CONTRIBU	T WAS UNDERLYING 20 TING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	b. DESCRIBE HOV	V INJURY OCCURR	ED. (Enter nature al inju	ry in Part I ar	Part II of item 1B.)			
20c. TIME OF II		20d. INJURY OCI While———Make of work at we	whilef	LACE OF INJURY (Home actory, street, affice bldg		(City or town)	(Coun	ty) (Sto	ote)
21. I certify	y that I attended the de			, 19.57 , to				saw the deced	
alive an	7/6	19 60	and that deat	h accurred at 5 * 4					
	VII	121				\$ (Street, city or town	-110	DATE SIG	
ACTUAL SIGNATURE	Mille	un		M.D. Crownsv	ille S	tate Hospi	tal, Md	. 7/6/6	0
PHYSICIAN'S NAME (Type)	/ L. Bene	dict, M.	D.	Crownsv	ille S	tate Hospi	tal, Md	. 7/6/6	0
220. BURIAL, CREM	ecito) /	22c. NA	ME OF CEMETERY	OR CREMATORY	22d. 10	CATION (City, town,	ar county)	(State)	
23 FUNERAL DIREC			RESS	240.	REC'D BY RE	GISTRAR 246. REG	STRAR'S SIGNA	TURE	
Charles	1 A L'euro	11.39N	Bevadu	lata I			lun 8. Kra	u.a.	
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might have alto a 42% the sample will be all 100 ft.	All the beautiful		
BANKAL . M. C. T. S. C.	7000	-13	
the State Manager to the said	Transition of		Pleagage and the

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

07576

		900	CERTIFICA	TE OF DEATH		U	6516
1	a. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryla	- b. CC	institution: Residence belounty Anne Ar	
	b. CITY OR TOWN (If RURAL and give new Annapo		c. LENGTH OF STAY IN 16		outside carporate limits,  — Arnold	write RURAL and give n	earest tawn)
1	OR INSTITUTION	AL (If not in hospital, give st 1 General Hos		d. STREET ADDRESS Rt-2,	Box-583		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Henryetta	WAGNER	CARPENTER	4. DATE OF DEATH	July	Day Year 13 19 60
	. sex Female	Y 79 . 0 . 1	AARRIED NEVER MARRIED DIVORCED DIVORCED	1-21-19	9. AGE (In last by		R IF UNDER 24 HRS. Hours Min.
	JEACHE	N (Give kind of work doneing life, even if retired)	PUBLIC SCHOOL	S Arizona	1		S.
L	THOM!	14/1/4/	NER	ODA JOSE	PHINE !	WRIGHT	
19		IN U. S, ARMED FORCES? If yes, give war or dates of service)	16. SOCIÁL SECURITY NO. 17. 1	HOMAS PO	CARPENT	ER #	2
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	er line for (c), (b), and (c).]	mentos:	le to		TERVAL BETWEEN NSET AND DEATH  S. Marie  9-14
	gave rise to in cause (a), stating t lying cause last.	nmediate (DUE TO	Succession				121
MOITAGISTION	PART II. OTH		DESCRIBE HOW INJURY OCCURR			moledki.	19. WAS AUTOPSY PERFORMED? YES NO
		S UNDERLYING [] 20b. [] CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature at injury in	rdii i di ron n di nem	16.7	
MEDICAL	Haur a.m.	W		LACE OF INJURY (Home, farm octary, street, affice bldg., etc		(County	y) (Stote
	saw the decease		tended the deceased fram. 13, 1960, and that	death accurred at	/	13, 19 60, ses and an the da	te stated abave
1	22c. PHYSICIAN'S	& that		M.D. PHYS. MIDING MIDIN	ED. STAFF		226. DATE SIGNED 7/14/60
2		James R. Mart	23c. NAME OF CEMETERY		23d. LOCATION (City,		(State)
2	REMOVAL (Soleity)  REMOVAL (Soleity)  4. FUNERAL DIRECTOR'S	7-16-1960	O FORT LIN ADDRESS	COLN 250. REC'	PRINCE	GEORGE	Co. Mo
	JOHN M	TAYLOR!	SON ANNAPO	LIS MO DATE J	UL 18'60	arihun S. Ka	att A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 per death. Page 4 VR A15 (4) 1SM 9/59

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07577

-01										
	1. PLACE OF DEATH	m 8 FilmG269 8-15	OUSUAL RESIDENCE (Where deceased lived. If institution of STATE							
9	Anne Arunde	el MARYLAND	Maryland 6. COUN	'Anne Arundel						
1	<ul> <li>CITY OR TOWN (If autside carporate lin RURAL and give nearest tawn)</li> </ul>	mits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
	Annapolis	2 days								
	d. NAME OF HOSPITAL (If nat in haspital, OR INSTITUTION	give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
þ	Anne Arundel General	Hospital	1K14-Bot 45	YES NO						
2	3. NAME OF DECEASED	First Middle	Last 4. DATE N	anth Day Year						
	(Type or print) Filers	V	COLBERT OF DEATH JUI	lv 25 1960						
	5. SEX 6. COLOR OR RACE		B. DATE OF BIRTH 1902 9. AGE (In year last birthda)							
4	Male Negro	WIDOWED DIVORCED		') Manths Days Hours Min.						
1	10a. USUAL OCCUPATION (Give kind of wark	k dane 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?						
	Returned the even if refire	,a)	Maryland	U.S.						
7	13. FATHER'S NAME	0001	14. MOTHER'S MAIDEN NAME	-1						
1	Millian	n Colbert	Mary	Hunt						
Л	1S. WAS DECEASED EVER IN U. S. ARMED FO		INFORMANT A A	ddress						
	(141, 110, 01 binkingwii) [it yes, give wor or odies of	L	fladys Colbert Ky	- Bot 45 Unna						
	1B. CAUSE OF DEATH [Enter only one	cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH						
ì	PART I, DEATH WAS CAUSED BY			ONSET AND DEATH						
9	445X DUE T	_	101	- 10 / 2ra						
	Canditians, if ony, which )	(b) line	are mobilized, las	perturn						
	gave rise to immediate cause (a), stating the under-	1-7								
	lying cause last.	(c)	*							
4	Z PART II. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
1	PART II. OTHER SIGNIFICANT CO  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTI			YES NO						
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Part I or Part II of item 1B.)							
		)								
	20c. TIME OF INJURY Manth, Day, Y Haur a. m. P. m.		PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) actory, street, affice bldg., etc.)	(Caunty) (State)						
	Hour a.m. p. m.		delary, sneet, diffice blug., etc.)							
	21. I certify that (I) (this haspite	al) attended the deceased fram	July 23, 19 60 to July 2	5. 19 60, that (1) (*** last						
			death accurred atM, fram the causes							
	22o. SIGNATURE	1 /000	7:20 PM.	22b. DATE SIGNED						
	4	/ Celler.	M.D. PHYS. DIRECTOR STAFF	7/26/60						
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS							
	A. T. Al	len	62 Cathedral St., Anna	polis, Md.						
	23a. BURIAL, CREMATION, 23b. DATE THERE	EOF 23c. NAME OF CEMETERY	OR CREMATORY 2347 LOCATION (City, tow	n, ar county) (State)						
1	BEMOVAL (Specify) 7.29-	1960 Broads	reck Stallman	net Ma.						
	24 FUNERAL DIPECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE						
	Milliam Keese	# UMAR	DATEJUL 2 8 '60	Taklun S. Kinne						
- 4	W-1									

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urs after death; Page 4

AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

ained by the haspital ar attending physician.

the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7625 **CERTIFICATE OF DEATH**  07578

Reg. Dist. No.

g. COUN Ann	ITY	del		MARYI	LAND	2. USUAL RESIDENCE (W o. STATE - Maryland	here decease	b. CQUNTY	on Resider		e admiss	ion)
RURAL	OR TOWN (If and give need ownsvil	outside corporate limi rest town) 1 e	ts, write	2 years	IN 16	c. city or town (if Federals)		orate limits, write R	URAL and	give near	rest town	1)
OR IN	ISTITUTION	L (If not in hospital, g .le State I		address)		d. street address Unknown			- 8	·		FARM?
3. NAME O DECEASE (Type or	ED	Fir		Middle Lee		Collins	4. DATE OF DEATH	Mor 7	ith	Doy 6		Year 19 60
5. SEX	nale	6. COLOR OR RACE Negro	7. MARE	NEVER MARRIE	_	8. DATE OF BIRTH 1884		9. AGE (In years last birthday) 75 yrs.	Months	Days		R 24 HRS. Min.
100. USUAL	OCCUPATION	N (Give kind of work on life, even if retired	dane 10b.	KIND OF BUSINESS OF	R INDU	STRY 11. BIRTHPLACE (Store Maryla		auntry)	12. CI	TIZEN O		COUNTRY
13. FATHER'S	SNAME					14. MOTHER'S MAIDEN	NAME					
Unk	known					Tissa	?					
15. WAS DE (Yes, no. or uni NO		IN U. S. ARMED FOR yes, give wor or dates of s	ervice)	social security no. Unknown	17. H	Hospitan Re	ecords	Add	ress			
Gave	litians, if an rise to im (a), stating the cause last.	mediate ( Due To	)	Decubita		cers Yous System S	yphili	s				
CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	NTH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 19	PERFO	AUTOPSY RMED? NO
OR COL	NTRIBUTING	UNDERLYING  CAUSE OF DEATH AEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter noture of injury in	Part I or Par	t II of item 18.)		•		
0	AE OF INJURY laur a.m. p.m.	Month, Day, Ye	20d. 11 While at war	Not while	20e. PL	ACE OF INJURY IHome, for ctory, street, office bldg., et	m, 20f. (City	y or town)	(	County)		(State)
21. I alive	on 7/	of I attended the 16 of the 18 of th	rdf		death	accurred at 3:301  M.D. Crownsvill	ADDRESS (S Le Sta	te Hospita	and an t stote)	the dat	e state b	
REM	L, CREMATION	7/15/	60	122c, NAME OF CEME	TERY O			TION (City town,		Br	(State	In
	DIRECTOR'S	EIGNATURE	10	ADDRESS 4	10	AC MO. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SI	GNATUR	E	

TO FUNE VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ours ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO FUN

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07579

	762	26	CERTIF	ICA	TE OF DEATH			Reg. Dis		0 , , ,
1. PLACE OF DEATH	Arundel		MARYLA	IND	2. USUAL RESIDENCE (Whe		od lived. If instituti b. COUNTY	Anne	e before o	
b. CITY OR TOWN (IF RURAL and give new Box 201)	prest town)	ts, write	c. LENGTH OF STAY IN	1 1ь	E. CITY OR TOWN (IF OU BOX 201,		orate limits, write R	URAL and g		town)
d. NAME OF HOSPITA OR INSTITUTION Magothy Be		aden			d. street Address Pasadena					S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)		anna			Calyer	4. DATE OF DEATH	July		Doy	Yeor 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARR	DIVORCED		July 26, 18	367	9. AGE (In years last birthday) 93 yrs.			UNDER 24 HRS. ours Min.
during most of working Housewif	ng life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	Germany	or fareign (	country)		.S.A	VHAT COUNTRY
13. FATHER'S NAME Unknown	1				Unknown	AME				
15. WAS DECEASED EVER (Yes, no. or unknown) NO	IN U. S. ARMED FOR It yes, give war or dates of s			17. IN	FORMANT  B. Howard Ty	/ding	ss, Same			
Conditions, if an gave rise to imcause (a), stoting the lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO y, which a mediate the under: (c)	A Ca	teriorcleros redia e a	tic lec	Cardio va	ron seu tim	las des	ease	2 3 1-2	ALAZ
200. ACCIDENT WAS	S UNDERLYING   CAUSE OF DEATH		フィ	dr.	NOT RÉLATED TO THE TERMIN C. (Enter noture of injury in Pa			'EN IN PART	P	VAS AUTOPSY ERFORMED? S NO A
20c. TIME OF INJURY Hour a. m. p. m.		or 20d. It While at work	Not while	Oe. PLA fac	CE OF INJURY (Home, farm, fary, street, office bldg., etc.)	20f. (Cit	y or tawn)	(C	ounty)	(State)
21. I certify the alive on	M. Mes	decease _, 19 le Lace	and that de	leath	0 , 1959, to 12 accurred of 111 R.			nd on th		the decease stated above DATE SIGNE
220. BURIAL, CREMATION BUFFACIFY)	8/2/60	)F	Glen Have			22d. LOCA Flen	Burnie	or county)		(State)
23. FUNERAL DIRECTOR'S Hopping &	SIGNATURE Kirkley	Kh	n Burnie	Mo	24a. REC'D		TRAR 246. REGI	STRAR'S SIG		

	d 30 31)	TOZEN CERTIFICA	
		Density Density St. 17	
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re anall and real			
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	ALST ALS		TOTAL STATE OF
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VS A15 (4) 15M 10/57

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ed with	1x	M	)

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7627 CERTIFICATE OF DEATH

Reg. Dist. No. 07581)

o. COUNTY A. A.			MARYI		o. STATE		ere deceased	b. COUNTY		nce beta	re admis	sion)
RURAL ond g	VN (If oulside corporate limite nearest town) icum Heights	ils, write	c. LENGTH OF STAY		c. CITY OR			rate limits, write	RURAL and	give nec	prest fow	n)
d. NAME OF HE OF INSTITUT 404 FO	OSPITAL (If not in hospital, ION rest View Ros	give street ac	ddress)	1	d. STREET		iew Ro	ad T			e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	ROSIN	nst IA	Middle Be	001	VAWAY Lo	st	4. DATE OF DEATH	Mo Ju		1		Year 19 60
5. SEX female	6. COLOR OR RACE	7. MARRIE	DIVORCE		ug. 29		3	9. AGE (In years last birthdoy)	Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
10a. USUAL OCCU	PATION (Give kind of work working life, even if retired	done 10b. K						-		ITIZEN C	F WHAT	COUNTRY
13. FATHER'S NAM	E				14. MOTHER'S	MAIDEN N	IAME					) <u>- 1</u>
Henry 1	William Herma	an			Rosa	Dora (	Dehrl					
	DEVER IN U. S. ARMED FOI	CES? 16. S	OCIAL SECURITY NO.	17. INF	DRMANT		-	Ade	dress	Lint	h. H	ets.
no	(it yes, give war or dates or			Mr	s. Flo	rence	Henne	ssy-404	Fore	st V	iew	Rd.
	DEATH (Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	110	for (o), (b), and (c).		Han	inst	tith	lage		INT	ERVAL BI	
gave rise	if ony, which to immediate DUE TO	He	porte	ing	ww	) _				1	0-	15 apr
lying couse	ning ine under-											
PART II.	OTHER SIGNIFICANT CON		NTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
OR CONTRIBU	T WAS UNDERLYING [] TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OF	CCURRED.	Enter nature o	of injury in F	Port I or Port	II of item 18.)			4 /	
Hour a	NJURY Month, Doy, Ye . m. . m. 19	While	Not while of work	20e. PLACI factor	OF INJURY y, street, offic	(Home, form e bldg., etc.	20f. (City	or tawn)		(County)		(State)
21. I certif	y that I attended the	deceased	d from		1954	, to	1/14/	160,19	,that I	last so	ow the	deceased
alive an	1/14/60 has L	., 19 Ba	and that	death o	ccurred at			reet, city or town,		the da		ed abave
PHYSICIAN'S		7.00	1	M.L	) <u></u> 12							
NAME (Type)_	ATION ON DATE THEREO	Se 1										
220. BURIAL, CREM REMOVAL (Spe	ecify)	,	22c. NAME OF CEME					ION (City, town,			(Stot	e)
23. EUNERAL DIREC	7/16/60	0/	Druid R	rage	cem.	24m PEC'I	PIK BY REGIST	esville	MC STRAR'S SI	GNATH	PF	
Man 9	Ticknet	-4,	Sous -1	Sal	101%		L 1 4 'E		Allowy &			
1/				4	nus							

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# FOR STATE HEALTH DEPT.

TO DICTI MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If Cale is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and it any event within 72 hours after death. VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		116581
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residen	nce before edmission)
Anne Arundel. MARYLAND	o. STATE Maryland b. COUNTY Anne	Arundel
b. CITY OR TOWN (if oulside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give	neerest town)
write RURAL and give nearest town)	Annapolis	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
Anne Arundel General Hospital	146 Defense Highway	YES NO
3. NAME OF First Middle DECEASED	Last OF Month Dey	Year
(Type or print) GEORGE W.	COOLEY DEATH July 18	19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE FRUIT - 40 9. AGE (In years IF UNDER 1 YEAR	
Male White WIDOWED DIVORCED 7	Mula 18 1940 less (Months Deys	Hours Min.
10a. UTUAL OCCUPATION (Give kind of work done during most of working life, even igretired)	Y 11. A IRTHPLACE (State or foreign country) 12. CITIZEN C	OF WHAT COUNTRY
Offeguard Jublic Beach	Maryland 7.	S 4
13. FATHER SNAME	14. MOTHER'S MAIDEN NAME	
Topas W. Cooley M.	Colilia Dondaroand	
15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. J	WIFORMANT Address	
(Yes, no, or unkown) (Yesqiyawarordelesofservice)	ende W. Conlas	
18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).]	TIN IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		NSET AND DEATH
IMMEDIATE CAUSE (6) Stab Wound of Che	est.	
DUE TO		
Conditions, if any, which (b)		
geve rise to immediate cause DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	
		PERFORMED?
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (6	Enter neture of injury in Part I or Part II of item 18.)	100
PRIMARY To or CONTRIBUTING		
Stabbed In the		
	CE OF INJURY (Home, ferm, 20f. (City or town) (County)	(Stete)
9:00 p.m. 7/18 1960 et work at et work	House Annapolis Anne Ar	undel Md.
21. I certify that I took charge of the remains described above, he	eld an Autopsy X. Inspection . Inquiry . and	in my opinion
death resulted from: Natural causes, Accident, Suici	ide, Homicide, Undetermined manner	
01 1	CHIEF MEDICAL EXAMINER	
SIGNATURE LAUS J. PETEZ:	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	7/19/60
NAME (Type) Charles S. Petty, M.D.	Address (Street, city, town, or county)	., _,, _,
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(Slete)
Burgel 7-22-1960 Hellerest	Memoria (Innerpoles	me
23. NUNERAL DIRECTOR CAODRESS	240. REC'D BY REGISTRAR   246. BEGISTRAR'S SIGNAT	URE
your on sugar aus comapo	Cas // L DABL 21 '60 arily & Known	

NAMES BUSINESS OF THE STATE OF FoliativiA entila - akinganu. The state of the s vandall carefold All La La Lacol Leacand Labourth annie AT BINE OLDS Territo no Setto a dista Stander of Sadouti 1.

urs ofter death. Page 4 is in by the funeral director, I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 29 moy leading by the hospital or ottending physicion.

TO FUNEX. DIRECTOR: After this certificate has been signed by the attending physicion and coeppletely filter page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon popers the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours ofter death

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	MARYLAND	STATE DEPARTMEN	T OF HEALTH-	-BALTIMORE,	18
	7628	CERTIFICATI	OF DEATH		R
ATU		11.0	ICITAL DECIDENCE AND		

#### CEPTIFICATE OF DEATH

07582

Ording S. Hung

***************************************	OLKIII (G/	TIE OF PEATI	•		Reg. Dis	t. No.		
1, PLACE OF DEATH  o. COUNTY  Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Same	0	ed. If institution b. COUNTY	on: Residenc	e before	admissi	on)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o			JRAL ond g	ive neore	sl lown)	
RURAL ond give neorest town) Brooklyn Heights	Over 6 years	Sa me	CA					
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 901 Victory Avenue		d. STREET ADDRESS Same	1				IS RESI ON A YES	FARM?
3. NAME OF First	Middle	Last	4. DATE	Mont				
(Type or print) Rose Cover	Missie	LU31	OF DEATH	July 2		Day		9 60
S. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. 4	GE (In years ost birthdoy)	IF UNDER			
F WIDOWED	DIVORCED [	11/8/98	Com Z	61 yrs.	Months	Doys	Hours	Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	IND OF BUSINESS OR INDUS			7)		ZEN OF	WHAT	COUNTRY?
Housewiie		Baltimore			USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
? Kress		? Wiegand	d it.					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St. (Yes, no. or unknown) [ (It yes, give war ar dates of service)		NFORMANT		Addr				
No 219	9-10-4576 Mis	ss Jean Cover	(daught	er }-901	Vict	ory	Aver	nue #2
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), ond (c).]					INTER	VAL BET	WEEN
PART I. DEATH WAS CAUSED BY: COTO	nary Thrombosi	is					AND	DEATH
4 A DUE TO								
Conditions, if ony, which ) (b) Cal	rdio-vascular	diseases				3	vea	re
gove rise to immediate						-	300	10
lying couse lost.								
, (c)	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART	1(0) 19	WASA	UTOPSY
OL VICTOR OF THE PROPERTY OF T			THE DISERSE GO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ELA DA LOKI		PERFOR	RMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURRED	\ /Fater paters of injury in P	last Las Past II a	£ item 10 1			ES _	NO 📑
OR CONTRIBUTING CAUSE OF DEATH	THE FIGURE THE STATE OF CORRECT	. (Enter holdre of injury in F	orr for rom in o	r tiem 15.j				
PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING   20b. DESCR. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o.m. p. m.  19 While of work	Not while foo	ACE OF INJURY (Home, form, fory, street, office bldg., etc.		own)	(C	ounty)		(Stote)
21. I certify that I attended the deceased	from January	1956 to Ji	ıly 20th	. 1960	that I le	ast saw	the	decensed
glive on July 16th. 1960		accurred a 0.15 I	AA from th		_,	U31 3UN	THE C	Jeceuseu
0 1	, and mar deam		ADDRESS (Street,			e dare		TE SIGNED
SIGNATURE QUISLAND A P.C.	when It	Glen Bur					7/	21/60
PHYSICIAN'S NAME (Type) Gustave H. Faube	ert.M.D.							
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY I	22d. LOCATION	(City, town o	r county)		(Stote	
REMOVAL (Specify) Burial 7/23/60	New Cathedra	The second second second		more, M		nd	(Jioic	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR				-	

DATE

JUL 26'60

VS A15 (4) 15M 10/57

AND TO STATE OF THE PROPERTY O	14	at anominate entraction of a time manual rate digital rate						
		PART ON THE		DHU NED				
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The fact of the state of the st					A STATE OF			
The fact of the state of the st				William Bridge				
		04						

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7589 **CERTIFICATE OF DEATH** Reg. Dist. No I director. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND eral be f b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN UT outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give nearest jown) 5 P d/NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 200 YES NO NAME OF Middle 4. DATE Lost Manth Day Yeor DECEASED (Type or print) DEATH ages 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Doys DIVORCED [ WIDOWED [ pope 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME/ Ö 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₲. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO renal disease Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while ot work at work 1960, that I last saw the deceased 21. I certify that I attended the deceased from at 6:45 P M, from the causes and on the date stated above. alive an and that death accurred ADDRESS (Street, city or town, state) SIGNATUR pe DIREC 0 3 shaul PHYSICIAN'S NAPOLIS NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22d ADCATION (City, town, or county) CEMETERY OR CREMATORY BEMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE

TE OF DEATH	The Certifica
	IN THE OR LINES ROSE AND THE PROPERTY OF THE RESIDENCE
	A CHIEF TO SERVICE THE
	one discount of special field of the field o

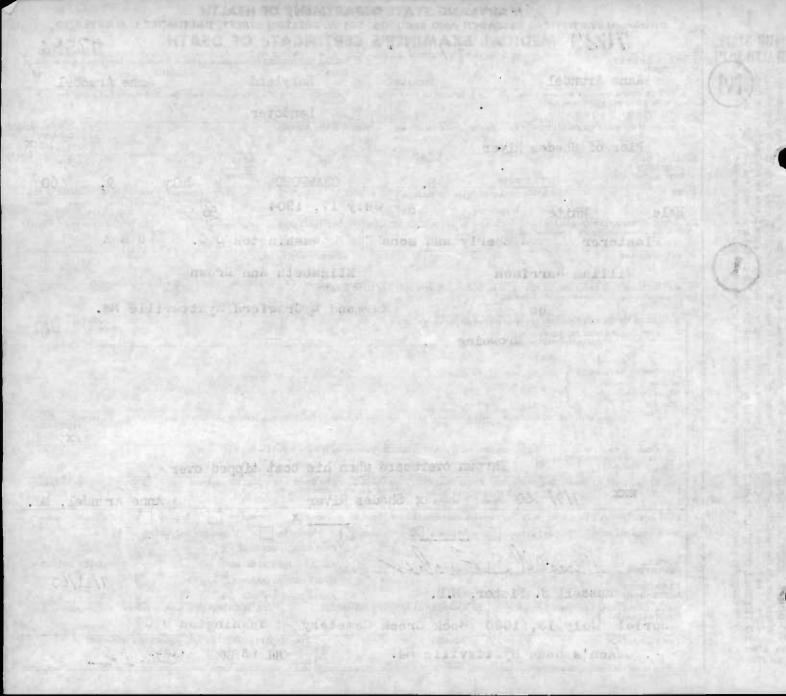
FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with formark? Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State Board of reality or its designated agent, prior to burial, cremation, or removal, and in any event min, 72 hours efter death. its designated agent, prior to burial, cremation, or removal, and in any ex

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7629 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17584

1. PLACE OF DEATH	T Tell	ns /, p, y rlime	2. USUAL RESIDENC		stitution: Residence before edmission)
	Arundel	MARYLAND	a. STATE Maryla	nd b. COUNT	Anne Arundel
b. CITY OR TOWN (i	foutside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16			RURAL and give neerest town)
Shades R			Landov	er	16x-2
	TAL OR INSTITUTION (if not in he	ospitel, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE
Pier	of Shades River	r			ON A FARM? YES NO 29
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	WILLIAM	H <sub>a</sub>	CRAWFORD	DEATH July	9, 1960
5. SEX	6. COLOR OR RACE 7. MARRI	ED X NEVER MARRIED 3	. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
Male	White WIDOW	LT,	uly 17, 1904		Months Deys Hours Min.
100. USUAL OCCUPATI	ION (Give kind of work   10b. I	KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Siete of	Jef 1	12. CITIZEN OF WHAT COUNTRY?
done during most of wo	rking life, even if retired) rer A Ebe	rly and sons	Washin	gton D C.	USA
13. FATHER'S NAME	101 11 pb0	223 4114 50115	14. MOTHER'S MAIDEN N		
Wil	liam Harrison		Elizabeth		
15. WAS DECEASED EVE	ER IN U.S. ARMED FORCES?   16	. SOCIAL SECURITY NO.   17. I		Address	
(Yes, no, or unkown) (II	fyes give we ror detes of service)	No.	reand L. Cnow	ford Hyattsvi	sila Ma
1 18. CAUSE OF D	EATH [Enter only one cause per		ymond b craw	Tord Hyattsvi	INTERVAL BETWEEN
DART I DEATH	H WAS CALISED BY				ONSET AND DEATH
NE	IMMEDIATE CAUSE (e) Drown	ning			
1 800	DUE TO				
Conditions, if any	10/				
(e), sleling the un	POLIC TO				
cause lost.	) (c)				
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
CAT					YES X NO
PART II. OTHER  OFF  OFF  OFF  OFF  OFF  CAUSE OF DEATH.		RIBE HOW INJURY OCCURED. (E	inter neture of injury in Pert I	or Pert II of ilem 18.)	
CAUSE OF DEATH.	Th	rown overboard	when his boat	tipped over	
3 20c. TIME OF INJU	RY Month, Dey, Yeer   20d.	INJURY OCCURRED 1 200. PLA	CE OF INJURY (Home, ferm,	: 20f. (City or town)	(County) (State)
20c. TIME OF INJU Hour XXXX p.m.	7/9/ 10 60 While	le Not While Shad	ory, street, office bldg., etc.) es River		nne Arundel. Md.
	at I took charge of the ren				
	rom: Natural causes	Accident X. Suic		Undetermined ma	
	0		CHIEF MEDICAL EX		
ACTUAL	15,0000	F.1.	ASSISTANT MEDIC		DATE SIGNED
SIGNATURE	Vussell 0	1 sour	DEPUTY MEDICAL		4 4:
EXAMINER'S NAME (Type)	Russell S. Fishe	er, M.D.		y, fown, or county)	7/11/60
22a. BURIAL, CREMATIO	N. 226. DATE THEREOF	22c. NAME OF CEMETERY OR	The state of the s	2d. LOCATION (City, lown,	or country) (Slete)
REMOVAL (Specify) Burial	July 13, 1960	Rock Creek	Cemetery	Washington D	C
23. FUNERAL DIRECTOR	R	ADDRESS	24e. REC'E	BY REGISTRAR   246. REGIS	TRAR'S SIGNATURE
F. Gas	ch's Sons Hyat	ttsville Md.	DATE JUI	L 15'60	That I Know
			IDAIL	CAR	- / vales



ion ond campletely filled in by the funeral director carbon papers. Pages 1 and 2 shauld be filed with

ours after death. Page

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Then please remave carbar ond in ony event, within 72

MARYLAND STATE DEPARTMENT OF HEALTH

ATISTICAL	RESEARCH	AND	RECORDS	- BALTIMORE	1, /
CE	RTIFIC	ATE	OF D	FATH	

25b. REGISTRAR'S SIGNATURE

Christing & Kraus

a. COUNTY	Anne Arun	del	MAR	YLAND 2	o. STATE Mary	TO THE STATE OF	d lived. If institution b. COUNTY	on: Resider	Arun	e admiss	ion)
b. CITY OR TOWN (III RURAL ond give ne Annay	outside corporate limit arest town)		ength of stay	'IN 16	c. CITY OR TOWN (IF C	ulside corpo L O Se	rale limits, write R				1)
d. NAME OF HOSPIT. OR INSTITUTION Anne Arunde	General H				d. STREET ADDRESS					ON YES	FARM?
3. NAME OF DECEASED (Type or print)	Fire Asa	_	Middle Biggs		Lost DAVIS	4. DATE OF DEATH	Mon Ju		23	,	Year 1960
s. sex Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRI	_	cember 18,	1906	9. AGE (In years lost birthdoy) 53 yrs.	Months Months	Doys	Hours	Min.
during most of work	N (Give kind of wark of ing life, even if retired) Painte	r U.S	105	OR INDUSTR	North Ca	or foreign of rolina		12. CIT	U.S		OUNTRY
	ge ?B. Da		~		Sally F						
1S. WAS DECEASED EVER	t yes give war or doles of se	(ES? 16. SOCI	18 698		Jack Erb	e- D	Add Daughter		me_	as_	# 2
	nmediate (	CA		,	of Lu	rc				RVAL BE	
ICATIO	ER SIGNIFICANT CON	DITIONS CONT			OT RELATED TO THE TERM			'EN IN PAI	RT 1(o) 1	9. WAS PERFO YES [	PRMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY C	OCCURRED. (	Enter noture of injury in	Port I or Par	t II of item 1B.)				
	Manth, Day, Yea		Y OCCURRED	00 01100	OF INJURY (Home, form	7006 16.1	or town)	-	County)		(Stote

Glen Burnie,

Funeral

20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year	20d. INJURY OCCURRED While Not while at work at work	20e. PLACE OF INJURY (Hor factory, street, affice bl		y or town)	(County)	(Stote)
			d fram. <u>June</u> d that death accurred o				
220. SIGNATURE	A CHITC CHILLIAN		a mar deam decorred o	2:45P.	me cooses and c	in the date sta	22b. DATE
Coll	ueard.	1/300		MED.	STAFF PHYS.	7/	SIGNED
22c. PHYSICIAN'S		VI	22d. ADDRESS				,
NAME (Type)	Edward S. E	Beck	71 Fran	nklin St.	, Annapolis	, Md.	
BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEA	METERY OR CREMATORY	23d. LOCA	TION (City, town, or co	ounty) (	Stote)
REMOVAL (Specify)	July 26,	60 Glen Ha	ven	Glen	Burnie	MA	

25a. REC'D BY REGISTRAR
JUL 2 7 '60

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use os the burial-transit permit, the State Boord of Health prior to burial, cremation, or removol, VR A1S (4) 1SM 9/59

white distributions whater

. Valve. B. G. Totella 

VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7630

**CERTIFICATE OF DEATH** 

07586 Reg. Dist. No.

	OUNTY Anne	Arundel		MARYLAND	2. USUAL R a. STATE	ESIDENCE (W Maryl:		d lived. If instituti b. COUNTY		ce before		-
RI	JRAL and give ned	outside carporote limi arest tawn) e G. Meade		c. LENGTH OF STAY IN 16	c. CITY C	odent		rate limits, write R	RURAL and s	give near	est town	)
0	R INSTITUTION	L (If not in hospital, of Hospital	give stree	et address)	d. STREE	5th S	t.reet			e		DENCE FARM? NO 🏋
3. NAA		Fir	orst ORGE	Middle PERRY	DAW	Last	4. DATE OF DEATH	Mar	uth ULY	Day 5	Y	(ear
5. SEX	e or print)		-	RRIED NEVER MARRIED	8. DATE OF B			9. AGE (In years last birthdoy)	IF UNDER			
MA	LE	CAU		WED DIVORCED	Detabe	rb 25,1	1891	65 68 yrs.	Months	Days	Hours	Min.
du	ring mast of worki	N (Give kind of work ng life, even if retired	done 10t	b. KIND OF BUSINESS OR IND Carpenter		Maryla	nd	ountry)		ZEN OF		OUNTRY?
13. FATI	HER'S NAME Unlen	own Jan	ses	U Dauson	14. MOTHE	Unionow		randa	Hu	us	2	
	or unknown) (II	IN U. SARMED FOR f yes, give war or dates of s	ervice)	6. SOCIAL SECURITY NO. 579 05 9234 Mr	s. Myrt	le P.	Dawson	(Wife)	ress			
C go	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which (b) mediate	Ar	line for (o), (b), and (c).] cute myocardial rteriosclerotic			е			QNSE 6	RVAL 8ET AND days	DEATH
CERTIFICATION SOS	PART II. OTHE		ne	S CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERM	NINAL DISEASE	E CONDITION GIV	VEN IN PAR	T 1(a) 19	PERFO	NO 3
WEDICAL 20c.	TIME OF INJURY Haur a. m. p. m.	Month, Doy, Ye	Whil		LACE OF INJUR actory, street, a	Y (Hame, farr ffice bldg., etc	m, 20f. (City	or tawn)	(0	County)		(Stote)
AC'SIG		uly Enry V	12	cased fram 29 June 60 , and that deat Capt MC, U.S.A	-M.D	at_2:00	PM, from ADDRESS (St	the causes ar	nd an the stote)	date 5	stated DATI	
22a. BU Bu	RIAL, CREMATION MOYAL (Specify)	7/9/60	)F	22c. NAME OF CEMETERY Oak Lawn Ce		(		rion (City, town,			(Stote	<del>)</del>
			4210	Belair Road.		24a. REC	BRY REGIST	RARD 24b. REGI	STRAR'S SIG			

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	The Property of March 12			
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# FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17587

1.	PLACE OF DEATH  o. COUNTY			nstitution: Residence before admi	ission)
1	Anne Arundel MARYLAND	o. STATE Same	Same b. coun	ΙΥ	
1	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)			RURAL end give neerest town)	
1	Severna Park P.O . 15 years	Same			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		IS RESIDI     ON A FA	
	O74 None	Same		YES T NO	
3	Carriton Manor NAME OF First Middle	Lest	4. DATE Month		45-1
0	DECEASED	2001	OF		
	(Type or print) Dorothy L. Dunbar		DEATH July 29	1960 19	
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)		HRS.
	WIDOWED TO DIVORCED	1/5/79	87 yrs.	Months Deys Hours M	un.
	. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COU	NTRY?
d	Betined housewife HOME	01 172 12	01.4	TTCLA	
15	Retired housewife	Chillecothe		TUSA	
1,	, rajnek 3 Name	14. MOTHER 3 MAIDEN	INAME		
	John Lair	Lida Bick	nam		
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	(3)	
1,,		Philipp Fra	anklin (son)	(2)	
-	1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		and the facility	INTERVAL BETWEE	
	PART I. DEATH WAS CAUSED BY, Goronary Occlusion			Sudden	TH
	IMMEDIATE CAUSE (6) GOT ORALLY GEGLUSTOS			7,000,001	
	DUE TO				
	Conditions, if any, which (b)				
	geve rise to immediate cause DUE TO				
	(e), steting the underlying cause lest.				
12	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(e)   19. WAS AUTO	OPSY
2	TACH OTHER STATES			PERFORMI	ED?
2				YES NO	
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nier neture of injury in Peri	f I or Perf II of Item 18.)		
1	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (Slei	te)
MFDICAL	Hour a.m. While Not While fech	ory, street, office bldg., etc.	.)		
×					
	21. I certify that I took charge of the remains described above, he	Id an Autopsy,	Inspection A, Inquir	y 🔼, _ and in my opin	ion
	death resulted from: Natural causes [7], Accident [7], Suici	ide , Homicide	, Undetermined m	anner	
		CHIEF MEDICAL	EXAMINER		
7	ACTUAL MILLET HE ALLKO LOW	ASSISTANT MEDI	ICAL EXAMINER	DATE SIGNE	D
-	SIGNATURE	M.D.	EXAMINER 7/30	/60	
	EXAMINER'S				
	NAME (Type) Gustave H. Faibert M.D.		city, town, or county) 22d. JOCATION (City, town	or country) (Stet®)	
27	REMOVAL (Specify)	ST TORY	22d. FOLKHON (City, fown	7 9	
1	Junil Ung 3-1960 arlessette	ne alional	Ilhlend	un va	
2	FUNERAL DIRECTOR STATE ADDRESS		D BY REGISTRAR   24b. REG	Inthur & Thous	
	John of scaper in American	DATE P	tug 4 '60 0 c	Littley D. 1 Charles	

please execute the certificate, writing the word "pending" in pendin lin lem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in VS. A15ME 5M 7/59

Control of a property of the street of the s STANDOR STANDING STANDING STANDING STANDING STANDING STANDING THE PROPERTY OF The second of th Market State College

	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
7618	CERTIFICATE	OF DEATH	0

07589

	• • • •	CERTIFICA	AIE OF DEATH	Reg. Dis	t. No.
1.	PLACE OF DEATH O. COUNTY  THE ARYNGEL	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE)	b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porote limits, write RURAL and gi	ive nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	d. STREET ADDRESS	ch PROYEN	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print)  MAXIMILLA	Middle V CONKAD	Fahaullen DEA	1	Day Year 28 1960
5.	SEX 6. COLOR OR RACE 7. MAS	THE THE PARTY OF T	B. DATE OF BIRTH SEPT. 1, 1902	1 - A 1 A 3 A	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	to USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  SERVICE MANAGER	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	1 country) 12. CITI	ZEN OF WHAT COUNTRY
1	CONPAD FARM	IULLER	14. MOTHER'S MAIDEN MAME	da F	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 no. or unknown) (If yes, give wer or doles of service)	SOCIAL SECURITY NO. 17.	RISTINE FAL.	Address Mullippe S	AME
	PART I. DEATH (Enter only one cause per IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.	cate Con	mary thro	mbrie	ONSET AND DEATH SOME
NOITAL		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or f	art II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. Hour a.m. 19 While of we		ACE OF INJURY (Home, farm, 20f. (Cory, street, office bldg., etc.)	Lity or town) (C.	ounty) (Stole)
	21. I certify that attended the decedative on the signature of the signatu		occurred at ADDRESS	om the causes and an the (Street, city or town, state)	
	PHYSICIAN'S R.M. M.	Baugh 11.	9	6	
2	Removal (Specify) 8-1-60	22c. NAME OF CEMETERY O	CR CREMATORY 22d. LOG	CATION (City, town, or county)	et Md
	FUNERAL DIRECTOR'S SIGNATURE	AL HOSES	240. REC'D BY REG		

VS A1S (4) 15M 9/55

accite Commany thrombus. Coverney distry desire June 10 58 July 18 R. W. Mester of him Para dina, Met. John

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7632 CERTIFICATE OF DEATH

07588

	Reg, Dist, No.
PLACE OF DEATH O. COUNTY A. A. CO - MARY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  3 VO 1.4
d. NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION OLD THE ASADENA	427 £ LOBRAINE AVEY YES NO
NAME OF DECEASED (Type or print) HOM/25 NATH	ANIEL TERCIO DEATH 12/60 19
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE	1 0 0 0 Hours Hours Min
Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ELECRIPH OFER CUBBIL	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
CHAS N. FERCIOT	14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown) (If yes, give war or dates of service)	48. THOS FERCIOT OR
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne ho recular a cedent interval between onset and death
Conditions, if ony, which) Observed Conditions of the Conditions o	eter Cerebro vancular disease 2 year.
gove rise to immediate couse (a), stating the under:    tying couse last.   Columniancy   Columnianc	artery disease 2 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \( \sum \) NO \( \sum \)
OR CONTRIBUTING CAUSE OF DEATH	CCURRED. (Enter noture of injury in Port I or Part II of item 18.)
Coc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. White Not while of work 0 of work 19	20e. PLACE OF INJURY I Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased from Jack alive on	death accurred at 1/14 M, from the causes and an the date stated above
SIGNATURE R.M. Mc Faughte	ADDRESS (Street, city or town, stole) DATE SIGNE M.D. 3708 MICHAELER BALL VALUE 111-11
PHYSICIAN'S R.M. McLaughlo	in had.
20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMINARY CONTROL OF CONTR	of Faith Cem. Balto. (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WIEDEFELD & SON-Greenmount Ave	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may etained by the haspital or attending physician.

TO FULLAL DIRECTOR: After this certificate has been signed by the attending physician and campifelely direct in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/SS

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Total Comments	120 120 27 1400		
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A PAPER

MARYLAND

c. LENGTH OF STAY IN 16

a. STATE

Maryland

b. COUNTY

executed

pe

PLACE OF DEATH

Anne Arundel

b. CITY OR TOWN (If autside corporate limits, write

RURAL and give negrest town)

a. COUNTY

	Annapo	olis		l day		A	nnapo	lis			
3	d. NAME OF HOSPIT	AL (If nat in haspital,	give street	address)		d. STREET ADD	RESS				e.
1		el General	Hospi	ital		183 Ja	nice	Drive			
3.	NAME OF DECEASED	Fi	rst	Mid	ldle	Last	4	DATE OF	Man	th	Day
	(Type ar print)	Gera	rd			GORMLEY		DEATH	Jul	V	28
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MA	RRIED B	DATE OF BIRTH		9.	AGE (In years		RIYEARI
	Male	White	WIDOWE	DIVO	RCED	July 27.	1960		last birthday) yrs.	Manths	Days
100	. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINES				fareign caun	lry)	12. CIT	IZEN OF V
	during mast at wars	king life, even if retired	1)			Marv	rland				U.S.
13.	FATHER'S NAME				-	14. MOTHER'S MA		\E			
	Donald Ri	ichard Gorn	nlev			Betty	Jo Sc	hwiete	erman		
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY	NO. 17. INF	ORMANT			Add	ress	
(4.	es, no, or unknown)	(If yes, give wor or dates of s	service)			Hospit	al re	conds			
F	1B. CAUSE OF DEA	TH [Enter anly ane co	ause per lin	e far (a), (b), and	(c).1	*	/				INTER
		TH WAS CAUSED BY:		(-), (-), -	1	may 7	un I				ONSE
	17/7	IMMEDIATE CAUSE (c				00101616	wwi	4			
	Canditions, if a	O which )						1			
	gave rise to in	mmediate (									
	lying cause last.	the under-	,								-
Z		IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO TH	HE TERMINA	I DISEASE CO	ONDITION GIV	EN IN PA	PT 1(a) 19.
CATION	- 4						12 12 11 11 17 1			214111771	(1 1(4) //
TIFIC	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCURRED.	(Enter nature of in	njury in Part	I ar Part II	af item 1B.)		
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
S	20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Har	me, farm,	20f. (City ar	tawn)	(	Caunty)
MEDI	Haur a. m.	19	While at wark	Nat while	facto	ary, street, affice bl	dg., etc.)				
~		4 (15 (6L 1 - L - 2 - 1			I C To	17 27	60	T <sub>2</sub>	17 20	6	0
		t (I) (this hospital									
	22a. SIGNATURE	ed alive on Ju	y 40	19 00 , a	nd that de	ath occurred o	1:45		e causes an	d an the	e date s
	No.	1/ 7/	1			D. PHYS.	_ MED.		STAFF PHYS.		4
	22c. PHYSICIAN'S	JY 1	C. N	w	M	22d. ADDRESS	DIKEC	TOR 🗌	rHTS.		
	NAME (Type)	Wiel H. Sim	ns				hedra	1 St.	Annap	olis.	Md.
230	BURIAL CREMATIO	N. 23b. DATE THEREO	DF.	23c. NAME OF C	EMETERY OF				V (City, tawn, o		
0	REMOVAL (Specify)	8-3-19	7/.2	1140	77	Med and	20 1	01.0	TI TI	1 county)	0
24.	FUNERAL DIRECTOR"	S SIGNATURE	0	ADDRESS	yun.	de 1 25	G. REC'D R	Y REGISTRA	256, REGIS	STRAR'S SL	GNAFURE
	John 7	Y. Jaylor	Sum	Ame	poli	- Md-	ATE MIG	PREGISTRAIN	100	Mun d	1. Thale
4	- '	-/-	1	1		, 4   0	AIC TO				
V	2063	1263	XV	/			1				

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Anne Arundel c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO Year Day 28 1960 UNDER 1 YEAR IF UNDER 24 HRS. Days Haurs Min. 20 12. CITIZEN OF WHAT COUNTRY? U.S. INTERVAL BETWEEN ONSET AND BEATH IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) 1960, that (1) (CE) last an the date stated above. SIONED is, Md. aunty)

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the strengt	ай т. В. Дитовый се г		math . H . Cot il	
				* .

TO L. JIY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. It delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MA	YLAND STATE D	EPARTMENT OF HEAL	TH
Division of STATISTICAL RESE	ARCH AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND DEATH 7592
MEDICA	L EXAMINER'S	CERTIFICATE OF I	DEATH U1592

2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission)
a. STATE Maryland b. COUNTY
c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Baltimore V 0 - 4
d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
4707 Wrenwood Street
Lest 4. DATE Month Dey Yeer OF
GREEN DEATH July 4 19 60
8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Dec. 11, 1929   last birthdey)   Months   Deys   Hours   Min.
TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Balto., Md. USA
14. MOTHER'S MAIDEN NAME
Mary Green
INFORMANT Address
largaret B. Green 4707 Wrenwood Street Ave.
I INTERVAL BETWEEN
ONSET AND DEATH
Arteriosclerotic Heart Disease
lusion of Right Coronary Artery and
Left Coronary Artery, and Old
arction.
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
YES NO
(Enter neture of Injury in Pert I or Pert II of item 18.)
ACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State)
ctory, street, office bldg., etc.)
neld an Autopsy X, Inspection , Inquiry , and in my opinion
icide . Homicide . Undetermined manner
CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER DATE SIGNED
M.D.
DEPUTY MEDICAL EXAMINER 7/5/60
Address (Street, city, town, or county)
OR CREMATORY 22d. LOCATION (City, town, or country) (State)
22d. LOCATION (City, town, or country) (Stete)  Lack Rec'd By Registrar 1 24b. Registrar's Signature
al Cemetery Balto., Md.

AS: V120 AS:

11 FORT FLOT INT Agree Armalel General Estatura ampi TOTAL Elith J. J. J. Seriffer Colored News II and Inches 11. 1929 social security of Buleon, Md. naged wrall The second of th Distriction of the control of the co Sin wroten granerou fit in to modulation fator white a recor-AD BOYLEY OF THE BOYLEY 09/3/2 Beer 1 Camerian Camerian Camerian Camerian Camerian the made & direct S28 E. lovet and the and the second

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7634 CERTIFICATE OF DEATH

Reg. Dist. NJ 7593

1. PLACE OF DEATH o. COUNTY  A  MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside aproporate limits furthe RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OT - W. 11 - Curz	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Louis Houseld He	Cost d. DATE Month Day Year OF DEATH July 9 1960
m WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE(In years of the property of the prope
10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	11. BIRTHPLACE (State or foreign country)  AA-  CO  The  14. MOTHER'S MAIDEN NAME
Rezin Hammond	Margaret Grenmain.
15. WAS DEGEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or Unknown) (If yes, give wor or dates of service)	Madeline Hammond - Hame
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerlor Disease INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b)	of liver 18 mis.
couse (o), stoting the under- lying couse tost.  DUE TO  (c) Dishelles	1 hp -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES \( \sum \) NO ((1)
	D. (Enter nature of injury in Port I or Part II of item 18.)
Variable   Control   Con	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased fram	1940, to 7/9 , 1960, that I last saw the deceased
actual SIGNATURE Chas - L - Ball V	occurred at 11 HM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. Linibicum - Md. 7/9/60
PHYSICIAN'S NAME (Type)	
220. BURIAL EREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVALY (Specify) 7-13-60 22c. NAME OF CEMETERY OF	R GREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE LEGELY - 1 30 E FORT CLS.	DATE 1 9 3 '60 24b. REGISTRAR'S SIGNATURE

# ST RECEIPTAGE HITTARIN TO THE HYDRONIC BY ATE CHARLENDAR PRINCIPLE CERTIFICATE OF DEATH

25b. REGISTRAR'S SIGNATU

Cilla 9

25a. REC'D BY REGISTRAR

DATE 111 2 6 '60

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY a

urs after death. Page 4 by the funeral direct ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ar remaval,

1. PLACE OF DEATH

DIRECTOR: After TO FUNERAL page 3 sh the State (

VR A1S (4) 1SM 9/59

A	nne Arundel	MARYLAND	Maryland	b. COUNTY	Anne Arundel
RURAL and give n		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	The state of the s	RAL and give nearest town)
Annapo		2 days		alesville,	
OR INSTITUTION	TAL (If nat in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Anne Arunde	l General Hospi	Lal			YES NO
3. NAME OF DECEASED	First	Middle	Lost 4. D.		Day Year
(Type or print)	Arthur	Lee	HARDESTY	EATH July	18 1960
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	4 4 4 4 4 4	F UNDER 1 YEAR IF UNDER 24 HRS.
Male	White widow	ED DIVORCED	August 9, 1917	42 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION	ON (Give kind af work dane 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
177	king life, even if retired)  OREMAN  B	offled Fras	Maryland .	Falesville	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	/	
THOMAS	Alway Harde	074	Christine	- a. The	destin Talesu
15. WAS DECEASED EVE		SOCIAL SECURITY NO. 17.	NFORMANT	Addre	35
(Yes. no, or unknown)	(If yes, give war or dates of service)	20-26-495015	utly b. Harde	sty Fdle	sulle Md.
18. CAUSE OF DEA	ATH [Enter only one couse per li	ine far (o), (b), and (c).]		1	INTERVAL BETWEEN
	ATH WAS CAUSED BY:	Gen. carcinom	atacic		ONSET AND DEATH
TA TO	DUE TO	Gen. carcinon	atosis		
Conditions, if a					7 mos.
gove rise lo i	mmediate	arcinoma of pa	ncreas		
cause (o), stating					
lying couse last.	, 10/				
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	PERFORMED?
OR CONTRIBUTING	AS UNDERLYING 20b. DES G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Port I o	ar Part II of item 1B.)	
20c. TIME OF INJUI Haur o. m. p. m.	RY Month, Day, Year 20d. I While at wo	Not while fo	LACE OF INJURY (Home, form, 20f actory, street, affice bldg., etc.)	. (City or town)	(Caunty) (State
21. 1 certify the	at (1) (this haspital) attend	ded the deceased fram.	January 1960	to July 18,	
			death accurred at 8 500 p	nom the causes and	an the date stated above.
22o. SIGNATURE		,	8.50 P.		22b. DATE
TOTAL STATE	J. Bom	uch new D	M.D. PHYS. MED. DIRECTO	R STAFF	7/19/60 SIGNED
22c. PHYSICIAN'S			22d. ADDRESS		
NAME (Type)	Samuel Borssuc	ek	Amos Garrett	Blvd., Annar	oolis. Md.
-					

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*	Item_22_Film_26MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9	7594 CERTIFICATE OF DEATH Reg. Dist. 1,7595
	1. PLACE OF DEATH O. COUNTY IN NE. ATUNGE   MARYLAND   2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) O. STATUTE   D. COUNTY   D. COUNT
·	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
XI.	of MAME OF HOSPIFAL (If not inflospital, give street address)  OR INSTITUTION  ON A FARM?  YES   NO
010	3. NAME OF DECEASED (Type or print) Mattle W. Hardesty DEATH JULY 9 1560
	5. SEX   6., COLOR OF RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS. I ADMINISTRATION   Months Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done left VIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  OCHOOL (CACHEL US)  12. CITIZEN OF WHAT COUNTRY'S  OCHOOL (CACHEL US)  OCHOOL (CACHEL US)  12. CITIZEN OF WHAT COUNTRY'S  OCHOOL (CACHEL US)  OC
	13. FATHER SMANNE E. Hardesty la Mother smallen Name, Chaney
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT/ 12. Harris Address (Yes. no. of Manney) (If yes. give wor or dates of service)
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ONSET AND DEATH
	902, 7 DUE TO Conditions, if ony, which) (b) Fractive puls.
V -	gove rise to immediate couse (a), stating the under-lying couse lost.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES \( \subseteq NO \( \subseteq \)
V	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.)  Fell off of chair at home
02	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Annapolis AA Md
1	21. I certify that I ottended the deceased from 11115, 1960, to 1960, that I last saw the deceased olive on 1160, one that death occurred at 1500 M, from the causes and on the date stated above
	ACTUAL To the first that the second of the s
ă.	PHYSICIAN'S NAME (Type)
he registrar	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 15000000000000000000000000000000000000
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
Z	for in, My suggestion comissions, my Date 12 00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

AND SUTTO SECTION SECT	HTARO TO			
			William Paris	
		AV M		
Tent make				

VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7635 CERTIFICATE OF DEATH

Reg. Dist (NZ 598

			• /					Keg. D	1215 140	.00	U
1. PLACE OF DEATH a. COUNTY An:	ne Arundel	14	MARYLA	11	d. STATE	(Where decease	d lived. If institut b. COUNTY			ore odmiss	
b. CITY OR TOWN (If RURAL ond give neo Fort George	rest town)	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN		G. Mead		give ne	arest town	n)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, gi				d. STREET ADDRESS		lak Stre	et			SIDENCE A FARM? NO [3]
3. NAME OF DECEASED (Type or print)	Firs ALE	BERT	Middle N.		HARPER	4. DATE OF DEATH	Moi Ju	ly	1	2	Yeor 19 60
s. sex MALE	**	7. MARI	RIED NEVER MARRIED ZED DIVORCED	_	DATE OF BIRTH  13 July 19	60	9. AGE (In years lost birthday) yrs.	IF UNDE Months		Hgurs	Mis.
13. FATHER'S NAME	ng life, even if retired)	lone 10b.	N/A	NDUST	Mary 14. MOTHER'S MAIDE	land N NAME		12. CI	U.S		COUNTRY?
Emanuel H  15. WAS DECEASEDEVER (Yes, no. or priknown) N/A	-		SOCIAL SECURITY NO.		Evelyn Emanuel H	L. Smi	Add	ress telak	St	, Ft	Meade
Conditions, if on gave rise to im couse (o), stoting the lying cause last.	mediate DUE TO		xtrame prama			RMINAL DISEAS	e condition gi	VEN IN PA	RT 1(o)	IP. WAS PERFO YES	DRMED?
	Month, Doy, Yea  19  It I attended the  3 July	while of wor	rk of work seed fram 13 Ju	e. PLAC focto	E OF INJURY (Home, fy, street, office bldg.,	20f. (City etc.) 20A_M, from	or town)	that I land an th		w the d	
ACTUAL SIGNATURE DE PHYSICIAN'S LITT			miller	771.	D						ly 60
PATSICIANS WI NAME (Type) WI  220. BURIAL, CREMATION REMOVAL (Specify) Cremation  23. FUNERAL DIRECTOR'S	13 Jul 6	F	JR., CAPT, MC  22c. NAME OF CEMETE  Laboratory, 1  ADDRESS B.M	RY OR O	REMATORY Army Hospi	22d. LOCA	TION (City, town, Geo G Me	ar caunty)	aryl	and	te)
mol	111	,MSC	C,USAH, FGGM			UL 18'6		Ulun S.			

DESCRIPTION TO THE SECOND POTE DECREE . . MARKET milital in miles 

THE STATE OF THE S

the State Board of Health priar to buriol, cremation, ar remaval, and in any event whim 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07598

1		SUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE  STAT
1	CB. CITY OR TOWN (th outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give necrest town)	CITY OR TOWN () outside corporate limits, write RURAL and give nearest town)
7	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3.	3. NAME OF DECEASED (Type or print) Edward Ha	Last 4. DATE Month Day Year 8 1960
	Male Col WIDOWED DIVORCED 10	F OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Days   Haurs   Min.   Min
k	10a. VSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY)	Maryland U.S.A.
	Coseph Harrey	MOTHER'S MAIDEN NAME Rebeaca Details
15	15. WAS DECEASED EVER IN U. S. AMED FORCES? (Yes, no. or unknown) (If yes, give war or doles of service)	notetatorreghtest River Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which )  (b)  (b)  (c)  (b)  (c)  (b)  (c)  (b)  (b	the Reput Duferie Interval Between onset and Death
2	gave rise to immediate course (a), stating the under- lying cause last.  Z  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTE.	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATIO	CATIC	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	er nature af injury in Port I or Part II of item 18.)
AVEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while of wark 19 of wark 1	FINJURY (Home, farm, 20f. (City or town) (County) (State) treet, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram say the deceased alive an 1900, and that death	accurred a 150 M, from the causes and on the date stated above.
	M.D.	ATTENDING MED. STAFF DIRECTOR SIGNED
	NAME (Type) KLINCHADSON	10 COLAL ST HIN WHOLIS, 196
9	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF COMETERY OR CREATERY OF	cayer Mest River Md.
2	Milliam Reesett and D	DATE JUL 1 3 '60 256. REGISTRAR'S SIGNATURE

Section of the Source of the Source 

07599

1. PLACE OF DEATH o. COUNTY	Anne Arur	ndel	MARYLAND 2. US	VAL RESIDENCE (VISTATE		ed. If institution b. COUNTY			_
b. CITY OR TOWN (I RURAL ond give no Anna po		c. LENGTH OF		.02	outside corporate	limits, write R	URAL ond give	nearest tow	m)
d. NAME OF HOSPIT OR INSTITUTION Anne Arunde	AL (If not in hospital, g		d.	STREET ADDRESS  8 Kirb	ys Lane		Anne Arunde  ite RURAL and give nearest tow  e. IS REI ON / YES [  Month	SIDENCE A FARM? NO K	
3. NAME OF DECEASED (Type or print)	Fir	st /	Aiddle I	Last IENSON	4. DATE OF DEATH				Yeor 19 60
5. SEX Female	6. COLOR OR RACE	7. MARRIED NEVER /		OF BIRTH		AGE (In years ost birthdoy) yrs.		-	7
10a. USUAL OCCUPATIO during most of work	DN (Give kind of work a king life, even if retired	done 10b. KIND OF BUSIN		Mary	land	ry)			COUNTRY
13. FATHER'S NAME	uld B.	Hens	n /	NOTHER'S MAIDEN	m me	rkell	>		
15. WAS DEČEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FOR (If yes, give war or dates of s		IY NO. 17. INFORMA	rald	Her	Alm	Am	reft	Ex-
Conditions, of o gove rise to i cause (o), stating lying cause lost.	mmediote the <u>under-</u> DUE TO		the Kast			Juan 1			
PART II. OTH		20b. DESCRIBE HOW INJ	JIM TON		E N		EN IN PART 1(c	PERF	AUTOPSY ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)		D 20e. PLACE OF	INJURY (Home, for	rm, 20f. (City or		(Cour	nty)	(State
		attended the dece 11y 30, 19 60.	and that death	accurred at 11:	M, from the			ate state	
22c. PHYSICIAN'S NAME (Type)	0				Belles	St 6	napol	s Me	4
230. BURIAL, CREMAND	Aug 2/	60 Bri	CEMETERY OR CREM	AFORY	23d. LOCATION	halfs	or county)	At 15th	ing
24. FUNERAL DIRECTOR	S SIGNATURE	non ADDRESS	mufoll		G 5 60		STRAR'S SIGNA		

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may the Market DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by he page 3 should be detached for use as the burial-transit permit. Then please remove ofrban papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove ofrban papers. Pages 1 and 2 should be detached for use as the burial, crematian, or removal, and in any event, within 22 bours ofter death. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 TO HO VR A15 (4) 15M 9/59

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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

76	217	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	07597
							V-V-U-V-

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution: Res	idanca before admission)
1	a. COUNTY	a. STATE b. COUNTY	
ŀ	MARYLAND	<i>A</i>	
V	b. CITY OR TOWN (if outside corporate limits, write RURA) and give nearest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	rive neerest town)
1	annifolis P. O Stays.	Asking lon 4	7 /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
	Hieleton J Beach	1855 - TITELTENT n. W	YES NO P
1	3. NAME OF O . First Middle	/ Llast all A DETE	Dey Year
Т	DECÉASED 6 1 1 1 1	TOWLE IT OF	11
1	(Type or print) Care Bussell Hole	dely. DEATH July 30	19 60
П	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH Set In year IF UNDER 1 YE	
L	WIDOWED TO DIVORCED	8/24/82 ( ast birthday) Months Da	ys Hours Min.
d	1Da. USUAL OCCUPATION (Giva kind of work   1Db. KIND OF BUSINESS OR INDUSTR	Y   11. AIRTHPLACE (State or foreign country)   12. CITIZE	N OF WHAT COUNTRY?
1	dona during most of working life, every if tetirad)	3/10 15 10 20	C/1
-	Houseloge 1	managery , N	7.4
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ı	Henry Duerell	Evelyna Page	
		NFORMANT Address	\
	(Yas, no, or unkown) (If yas give war or datas of servica)	is Evelyn A folk / bush to	1, )
0	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	- proport - Nave y wie	DIFFERMAL OFFICE
	PART I. DEATH WAS CAUSED BY:	(0.000)	ONSET AND DEATH
ı	IMMEDIATE CAUSE (a) LORONGELL	O celusion	6 hrs.
1	DUE TO		1
Т	Conditions, it any, which \ (b) Gueles arterio	sellessis	2
ı	gave rise to immediate cause		
П	(a), stating the underlying DUE TO		
	causa last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED?
	<b>5</b>		YES NO
П	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO  2Do. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH	inter nature of injury in Part I or Part II of itam 18.)	
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
- 1		CE OF BUILDY (B) ( ) 201 (Ch )	10
t		CE OF INJURY (Home, farm, 20f. (City or town) (County ory, street, office bldg., atc.)	(Stata)
Т	Hour a.m. Whila Not While sect of the sect		
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry A.	and in my opinion
1	death resulted from: Natural causes D. Accident . Suic		
ı	The state of the s		
1	Land Later of Day Later M.	CHIEF MEDICAL EXAMINER	
۴	SIGNATURE GELSAL A CAUCHEN MIL	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
L	EXAMINER'S A	DEPUTY MEDICAL EXAMINER 2	1,2
	NAME (Typa) VUSIAUE-IT. I-AUBERI	Address (Streat, city, town, or county)	60
13	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or country)	(Stata)
H	REMOVAL (Specify) Rurial 8/4/60 Nat'l. Harmony	Park Cem. Marv	land
-	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGN	
1	MINMINHOL LUNG		1.4
V	Marillank - Amili	DATE AUG 2 '60 Cirlhun S.	
1	1820-9 # NY WASH. D	7.6	

VS. A15ME 5M 7/59

AND THE RESIDENCE AND ADDRESS OF THE PROPERTY A STATE OF THE STATE OF THE STATE OF Anna Svenilla and the second of the second o Acres 17 - The second SA TONY VINOR PORCE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may etained by the haspital or attending physician.

VS A1S (4) 1SM 9/SS

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	O FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.
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MARYLAND 7619	STATE DEPAI		NT OF HEALTI		.TIMORE,		Dist. NO	76	00
1. PLACE OF DEATH o. COUNTY AAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	MARYL	- 1	. USUAL RESIDENCE (W	here dedease	ed lived. If instit b. COUN		lence befo	re odmiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If	autside corp	prote limits, write	RURAL on	d give ne	arest town	1)
d. NAME OF HOSPITAL (If not in haspital) give street OR INSTITUTION	oddress)	7	d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print) + / OFE ROCE	Middle E-St	1/0.	co/Lost	4. DATE OF DEATH	1	Sonth LY	28		Yeor 1960
6. COLOR OR RACE 7. MAR WIDOW	ED DIVORCED		Pare of Birth	>			Days	Haurs	Min.
0a. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired)	KIND OF BUSINESS OR	RINDUSTR	Y 11. BIRTHPLACE (State	ar foreign	country)	12. (	CITIZEN C	F WHAT	COUNT
3. FATHER'S NAME FEEDELIOK	6/EASO	al	14 MOTHER'S MAIDEN I	NAME	11	0/5			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFO	PRMANT / 1917	1,4		ddress Al /)	v E	-	
18. CAUSE OF DEATH [Enter only one couse per lime. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (a), (b), and (c).}	3200	rcho pneu	Mon	زم			ERVAL BE SET AND 24	
Conditions, if ony, which gave rise to immediate (b).	ssive Cere	bra	1 Hemorch	age	»		2	mo	nth
cause (a), stating the under- lying cause last.  DUE TO (c)	rebral arte	nisc	lerosis & A	#	ension		8	YR:	5.
PART II. OTHER SIGNIFICANT CONDITIONS						GIVEN IN PA	ART 1(a) 1	PERFO	AUTOPSY IRMED? NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OC	CURRED. (	Enter nature af injury in	Part I ar Pa	rt II af item 18.)				
Haur a.m. While	NJURY OCCURRED Not while rk at work	20e. PLACE factor	OF INJURY (Hame, farm y, street, affice bldg., etc	n, 20f. (Cit	y ar tawn)		(County)		(State
21. I certify that I attended the decease alive an 28, 196	. //	26 death a	, 1960 , to 3	BM. fra		2_,that			
ACTUAL SIGNATURE arthur Lanks	ord In.	M.C	7 +		Street, city or tow Rosed				-28
PHYSICIAN'S ARTHUR LAN	KFORD JR		Pas	acles	na, ma	rnyl	ana	_	
220. BURIAL, CREMATION, PREMOVAL (Specify)	22c. NAME OF CEMET	TERY OR C	REMATORY A 1/64	22d. LOCA	ATION (City, tow	n, arecounty	1.	(State	e) /
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CEL	3	24a. REC	D BY REGIS		GISTRAR'S !	M & F	. /	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Cathan S. Kraus

DATE 111 2 5 '60

	1000		CLIVI	1110	AIL OI DLAII	•		Reg. Di	ist. No.	0	JUJL
1. PLACE OF DEATH o. COUNTY Anne Aruno	del		MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Maryland	here decease	b. GOUNTY	on Residen	nce belo	re odmiss	tion)
b. CITY OR TOWN (II	f outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside corpo					n)
RURAL ond give ne Crown svil:			1 M. 21	Dav	Baltimore			SVO	11-	W	
d. NAME OF HOSPIT	AL (If not in hospital,	give street	address)		d. STREET ADDRESS					e. IS RES	IDENCE
	le State Ho				1308 Lind	en Ave	enue				FARM?
3. NAME OF DECEASED		rst	Middl	le	Lost	4. DATE	Mon	th	Do	У	Yeor '
(Type or print)	No	ola			Johnson	OF DEATH	7			21	1960
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARI	RIED 🔲	B. DATE OF BIRTH		9. AGE (In years			-	ER 24 HRS.
Female	Negro	WIDOW	ED DIVORC	ED 🖾	March 26, 191	.1	birthday)	Months	Days	Hours	Min.
100. USUAL OCCUPATION during most of work Domestic	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	JSTRY 11. BIRTHPLACE (Stote Maryland		ountry)	12. CI		S.A.	COUNTRY
13. FATHER'S NAME	n 2. t	hon	nAS		14. MOTHER'S MAIDEN I		irke			,	
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY N	0. 17.	Hospital Rece	rds	Add	ress			
18. CAUSE OF DEA	TH [Enter only one co	ouse per lin	ne for (a), (b), and (c	1.]					INT	RVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	2)	Ure	mia					ONS	ET AND	DEATH
Conditions, if an gove rise to it couse (o), stoting lying couse lost.	mmediate DUE TO	b)			nrosis oma of Urinary	Blade	ler				
PART II. OTH	IER SIGNIFICANT CON	NDITIONS (	CONTRIBUTING TO D	EATH BU	T NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS PERFO YES 2	RMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURR	ED. (Enter noture at injury in	Port I ar Por	t It of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. If While of wor	NJURY OCCURRED Norwhite k	20e. P	LACE OF INJURY (Home, lorn octory, street, office bldg., etc	n, 20f. (City	or town)	(	County)		(State)
21. I certify th	at I attended the	deceas	ed fram 6/	1	1960 ta	7/21	19 60	that I	last so	w the	decease
alive on7	/21 / Mess	19	60	it deat	h accurred at 6:25	WINKESS (2	n the causes of treet, city or town, tate Hosp	ind an t	he da	te state	ed abave ATE SIGNE
PHYSICIAN'S NAME (Type)	L. Bened	dict,	M. D.		Crownsv	ille S	tate Hosp	pital	, Md	• 7	/21/6
220. BURIAL, CREMATIO	N, 226. DATE THERE	1	22c. NAME OF GET	METERY (	OR CREMATORY	22d. LQCA	TION (City, town,	or county)	h	(Stat	(e)
23. FUNERAL DIRECTOR	S SIGNATURE	1 . 10	ADDRESS		240. REC	D BY REGIST	RAR 24b. REGIS	STRAR'S SI	GNATUI	RE	

may stained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

ours after death. Page 4

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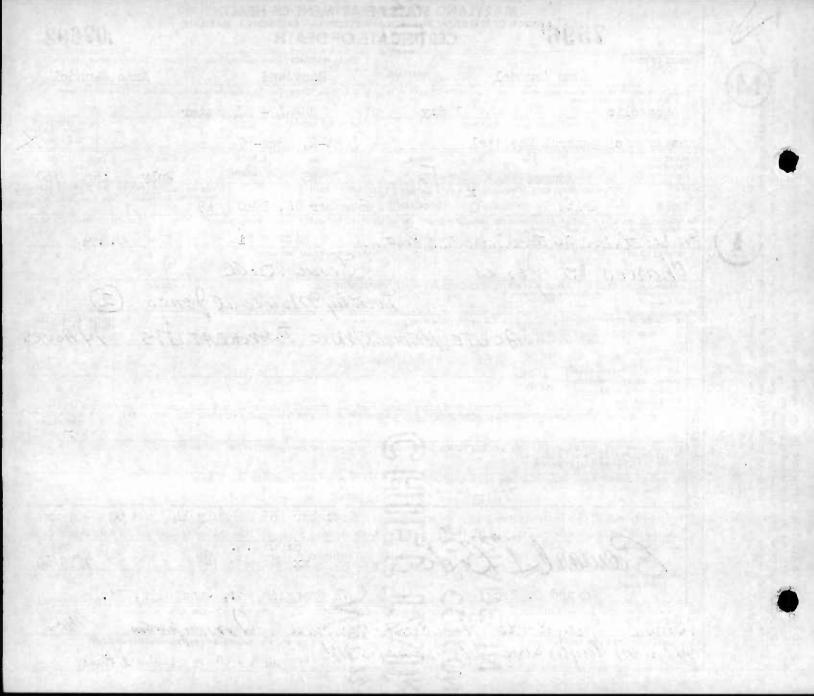
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## MARYLAND STATE DEPARTMENT OF HEALTH 7596 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07602

PLACE OF DEATH     O. COUNTY	Anne Arunde		2. USUAL RESIDENCE (Vo. STATE Mary)		ed. If institution: b. COUNTY	Residence before Anne Anne Anne Anne Anne Anne Anne An		-
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, wri arest town)	te c. LENGTH OF STAY IN	1b c. CITY OR TOWN (I	If outside corporate	limits, write RUR	AL and give ne	arest town	n)
Annapolis		l day	RURA	L - Edgew	ater			
OR INSTITUTION	AL (If not in hospital, give str		d. STREET ADDRESS	0 /17			ON A	FARM?
Anne Arundel	General Hosp	ltal	Rt-2,	Box-67			I LES [	NO, 2
3. NAME OF DECEASED (Type or print)	First	Middle	JONES	4. DATE OF DEATH	Month Hu]		-/	Year 1960
5. SEX	1	ARRIED TO NEVER MARRIED		9.		UNDER 1 YEA		
Male	Y 79 . 1	OWED DIVORCED				Months Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 1	06. KIND OF BUSINESS OR	NDUSTRY 11. BIRTHPLACE (Sto	ote or foreign count	ry)	12. CITIZEN C	F WHAT	COUNTRY
Industry	ing life, eyen if retired	Indruster Pel	ation Mis	s ours		U.S.	A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Charles	13 you	res	Lena	Bell		150.5	14	
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? If yes, give war or pages of service)	16. SOCIAL SECURITY NO.	Donathe Ma	nelcuel	James Address	19	)	
			Noncing 1.10	accepte	10,00		TERVAL BE	PTIA/PPA
			ORRHAGIC F	PANERE	ATITI	101	SET AND	
couse (o), stoting t	DIFTO							
CATIC		NS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TER	RMINAL DISEASE CO	ONDITION GIVEN	N IN PART 1(o)	PERFC	AUTOPSY DRMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury	in Port I or Port II	of item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	wi wi	d. INJURY OCCURRED 20 hile Not while work 0 of work 0	De. PLACE OF INJURY (Home, for foctory, street, office bldg.,		town)	(County	)	(Stote
	,,,	ended the deceased fr			_			
saw the decess	ed alive an	- gluly 14 OU. , and the	nat death accurred at		e causes and	an the dat		
1 220. 51000	weart 1	Besto.	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		7/15	SIGNED
22c. PHYSICIAN'S NAME (Type)	Edward C De	a)s	22d. ADDRESS	lin Ct	Annanali	in Ma		
	Edward S. Be			lin St.,				
23a. BURIAL, CREMATION REMOVAL (Specify)	N, 236. DATE THEREOF	23c, NAME OF CEMET	TMEMINICIO	23d. LOCATION	N (City, town, or	County)	Misto	ie)
24 TUNERAL DIRECTOR'S	S SIGNATURE	APDRESS	25a. RI	EC'D BY REGISTRAL	2SW. REGIST	RAR'S SIGNATI	URE	
Helm M.	Jayar sino	Umap	oles Met DATE	uu 1 8 '60	Clark	hur & Ha	-84	

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 7598 SIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07604

1. PLACE OF DEATH o. COUNTY	nne Arundel	MARYLAND	2. USUAL RESIDENCE (V	_ b.	If institution: Residence	Amund al
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Annapolis			Maryland Anne Arundel  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Pasadena - Rivera Beach			
OR INSTITUTION	L (If nat in haspital, give street		d. STREET ADDRESS	and area Da		e. IS RESIDENCE ON A FARM? YES NO NO
	General Hospi			endover Ros		
3. NAME OF DECEASED (Type or print)	First Donald	Middle	KENT	4. DATE OF DEATH	Month	79 Year 19 60
5. SEX	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH		1 1	YEAR IF UNDER 24 HRS.
Male	White WIDOW		May 8, 1909	57	pirthday) Months E	Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU	orp. Mary		12.CITIZ	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
George Kent			Elizabet	h Hall		
	IN U. S. ARMED FORCES? 16. f yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	NFORMANT		Address	
No		15-05-9456 Mr	s. Louise E.	Kent-248 1	Wendover Ro	ad
	H [Enter only one couse per li H WAS CAUSED BY: IMMEDIATE CAUSE (o) ACU	ne for (o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH Z HRS
Canditions, if an gave rise to in cause (o), stating t lying couse last.  PART II. OTH	mediate (	RONARY THA		MINAL DISEASE COND	ITION GIVEN IN PART	2 HRS
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury i	in Port I or Part II of it	em 18.)	YES NO
20c. TIME OF INJURY Hour a.m. p. m.	While	f.	ACE OF INJURY (Home, fa actory, street, affice bldg., e	etc.)	n) (Co	ounty) (Stote)
21. I certify that	(I) (this haspital) attend	ded the deceased fram.	July 15, 1	19 60 ta Ju	ly 31, 19 6	that (1) (was Plast
saw the decease	ed alive an July 3	1_ 19 60, and that	death accurred at	M, fram the co	auses and an the	date stated abave.
22a SIGNATURE	Lankled a		M.D. PHYS.	P.M.  MED. STAF	F	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Jed J.		22d. ADDRESS	DIRECTOR FAIL	,. LJ	0 / 6
	rthur E. Lankf	ord, Jr.	Mountain	Road, Pass	adena, Md.	4
230. BURIAL, CREMATION REMOVAL (Specify) Burial		23c. NAME OF CEMETERY C			ity, town, or county)	(Stote)
24. FUNERAL DIRECTOR'S		ADDRESS mad		EC'D BY REGISTRAR	25b. REGISTRAR'S SIGI	

sentudrast at the times. Tunner Liebner A 2003 Internal and the Angleton and Angleto A COURT WITH THE PARTY AND THE Danie develope Sall Committee and Committee and THE RESERVE THE PARTY OF THE PA The state of the s The court is the state of the s AND AND A STATE OF The Provide Committee of the control EST SECRETARY AS HOUSE OF Marie M. Lander, N. Lander, and American September 2 and A. Stanfeld and September 2. and A. M. Markett and Park and relationship to the collection of t 

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

07605

1. PLACE OF DEATH O. COUNTY AMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CHTY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION MOUNTET ST.	1. STREET ADDRESS Market St e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) Critical Control C	ramer fr DEATH July 14 1960
Male White WIDOWED   DIVORCED	B. DATE OF BIRTH 2 9. AGE (In years IF INDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	Portland Orggon U.S.a.
andrew a. Gramer Sr.	Mary 6. Preller
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unknown)  (It yest one was worked to date of service)	Pancy C. Kramer (2)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which  (b)  DEATH WAS CAUSED BY:  DUE TO  Conditions, if ony, which	Heranbrosis Interval Between ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse last.	
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
	D. (Enter noture of injury in Port I or Port II of item 18.)
20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p.m. 19 of work of work 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceosed fram all alive on 7-14-1, 19 60, and that death signature  PHYSICIAN'S NAME (Type) AMES RIMARTIN	n occurred at 7 H. M., from the causes and an the date stated abave.  AMADDRESS (Street, city or town, state)  DATE SIGNED  M.D.  B. S. HAW S. T. I. S. M.D. I. S. M.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CHICAGO ST MONY	Cent. amapolio md
33. FUNERAL DIRECTOR'S STONATURE GOOD COMPANY Source Sono Company	DATE JUL 1 8 '60 Cribus S. Kraus

may clained by the hospital or attending physician.

• FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, crematian, ar removal, and in any event within 72 parts ofter death. VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within

ours after death. Page 4

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

ours after death. Poge 4

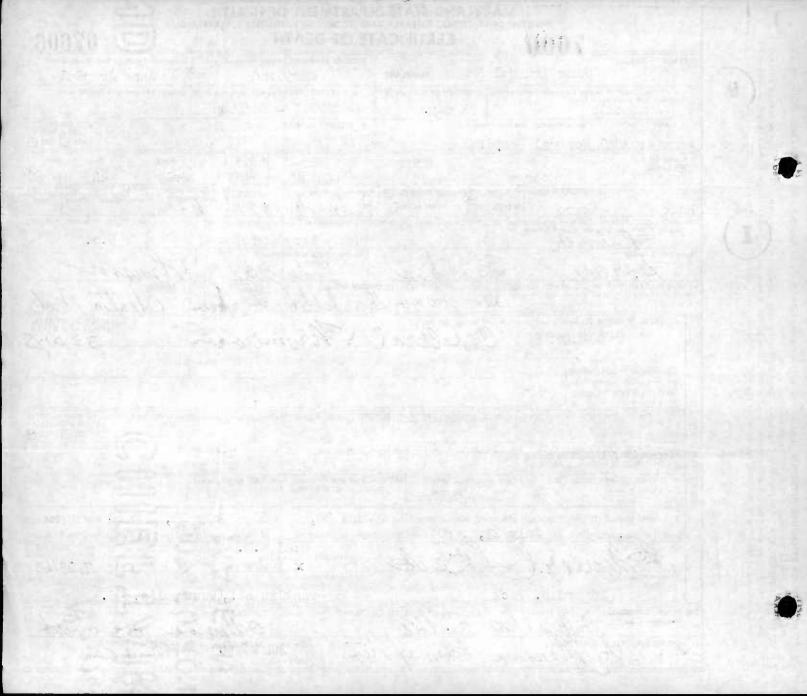
MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

(600) CERTIFICATE OF DEATH		DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMO
	761	00	CERTIFICATE OF DEATH

		76	00		CERTIF	ICATE	OF DEATH	1		15.74	076	306
	ACE OF DEATH COUNTY	Anne	Arun	del	MAR		USUAL RESIDENCE (Mo. STATE Mary)		lived. If institution b. COUNTY	Anne Ar		
Ь.	CITY OR TOWN (III RURAL and give ne	arest tawn)	rote limits,	write	34 days	IN 16	c. CITY OR TOWN (IF			JRAL and give n	earest tow	vn)
	NAME OF HOSPIT. OR INSTITUTION INE Arunde		ospitol, give				d. STREET ADDRESS				ON	SIDENCE A FARM?
D	AME OF ECEASED ype or print)		First George	e	Middle		Last LARKIN	4. DATE OF DEATH	Mont		Doy 24	Year 19 60
s. se	x lle	6. COLOR O		MARRIE	NEVER MARRI		ATE OF BIRTH	1897	9. AGE (In years last birthday)	Months Days	-	
	during most of gark	ON (Give kind of kind life, even in the life, ev	of work dor f retired)	10b. KI	IND OF BUSINESS (		11 MRTHPLACE (Ston	and	untry)	12. CITIZEN	S.	COUNTRY?
	ATHER'S NAME	ace		2	arpin	v	MOTHER'S MAIDEN	name	fort	man	1	
	VAS DEČEASED EVEI		MED FORCE dates of servi		5-01-094	17. INFOR	rfield	Lary	Addr ML (	Odento	n/1	mol
		TH WAS CAUS IMMEDIATE C ny, which	ED BY:	Per III	for (a), (b), and (c)	al	Thron	nleo	ris		STERVAL B	DEATH
ICATION							RELATED TO THE TERM			EN IN PART 1(a)	PERF	ORMED?
~	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF	DEATH	b. DESCR	RIBE HOW INJURY C	CCURRED. (E	nter nature af injury ir	Port I ar Part	Il of item 18.)	1 6		
MEDICA	Mour o. m. P. m.	Y Month, D	loy, Year	20d. INJ While of work	URY OCCURRED Not while at work		OF INJURY (Home, far street, office bldg., e		ar tawn)	(Count	у)	(State)
			rd.	y 23,	,		PHYS. 22d. ADDRESS	M, fram		d an the da	te state	
23a.	BURIAL, GRENOTO REMOVAL (Specify)	July	THEREOF	40	23 CNAME OF CEN	ETERY OR CR	EMATORY 1	Oche	ION (City, town, o	A.A.	ري	not
24. F	UNERAL DIRECTOR	SIGNATURE			ADDRESS	holi	250. REC	IN BYREGIS	RAR 25b. REGIS	TRAR'S SIGNAT	URE	34

DATE

TO HO VR A1S (4) 15M 9/59



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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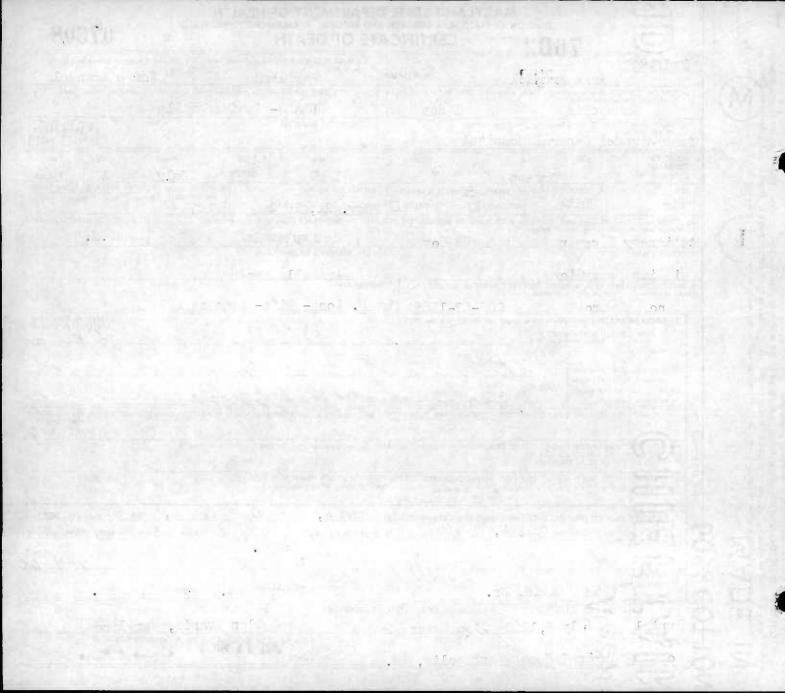
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TO HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 may make the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detoched for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 the State Board at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/S9

	7602		CERTIFIC	CATE	OF DEAT	H			U	100	9:
1. PLACE OF DEATH a. COUNTY	Anne Arund	lel	MARYLA		USUAL RESIDENCE b. STATE Mary	(Where deceos	b. COUNT	Υ .		ore odmissi runde	_
b. CITY OR TOWN (If RURAL ond give ne	arest tawn)	its, write	c. LENGTH OF STAY IN	1 1b	C. CITY OR TOWN		oorate limits, write		give ne	arest town	1)
	LPOLIS AL (If nat in haspital, g	give street	l day		d. STREET ADDRES		TOSOUVII	re		e. IS RES	IDENCE FARM?
Anne Arunde	el General	Hospi	ital								NO 🗌
3. NAME OF DECEASED (Type or print)	Erne	st	Middle RAY		LONG	4. DATE OF DEAT		bonth Ly	4		Yeor 1960
s. sex Male	6. COLOR OR RACE White	7. MARE	NEVER MARRIED		TE OF BIRTH 0V. 21. 18	392	9. AGE (In year last birthday)	Manths		Hours	Min.
10a. USUAL OCCUPATIO during most of wark	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (S	tote ar fareign		1	ITIZEN O	F WHAT C	OUNTRY
Stationery F	ireman		US Gov	14	Pennsyl				U . 1	٥.	
	-										
William He		CES2 14	SOCIAL SECURITY NO.	17. INFOR		a Sands		ldress			
	If yes, give wor or dates of s							0			
no	_no			Mae M	. Long- W	lie- sa	ame as #	2	,		
		ouse per li	ne for (o), (b), and (c).]			/				ERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	01 /	whom	an	1201	em	2/		_ 6	h	200
THE PARTY	DUE TO		2 1		7						
Conditions, if a	nv. which )	P		-	1-	-le	11		1/	2~	a
gave rise to in	nmediote (	-	menu	ny	Jan Jan	MIN		1.01		7	
lying cause lost.	the under-		nome	meu	1	Plad	der		2	14	11
PART II. OTH	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE T	ERMINAL DISEA	ASE CONDITION C	IVEN IN P	ART 1(a)	19. WAS PERFO	AUTOPSY RMED?
PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Er	nter nature of injur	y in Port I ar P	ort II of item 18.)				
20c. TIME OF INJURY	Y Month, Day, Ye	while	Not while	Oe. PLACE ( foctory,	OF INJURY (Home, street, office bldg.	farm, 20f. (C , etc.)	ity or town)		(County		(State
21. 1 certify tha	t (I) (this haspita	l) attend	ded the deceased fr				July 4			hat (I) (	,
	ed alive an Ju	L. Y 49	19.60, and th	hat deat			n the causes o	and an t	he dat		
22a. SIGNATURE	elm'	0)	ans. A.	M.D.	ATTENDING PHYS.	:20P . MED. DIRECTOR [	STAFF PHYS.			2-	SIGNED
22c. PHYSICIAN'S NAME (Type)	Edwin Davis	s, Ur			98 Cathe	edral S	t., Anna	oolis	, Md		
23a. BURIAL, CREMATIO	N, 23b. DATE THERE	OF	23c. NAME OF CEMETI	ERY OR CR			ATION (City, town			(Stot	te)
REMOVAL (Specify) Burial	July 8.1		Glen Haven				n Burnie,		,	,	
24 FUNERAL DIRECTOR		1/	/ ADDRESS		25a.	REC'D BY REG		GISTRAR'S			
Hopping F	uneral Hom	6	Innapolis M	7	DATE		00	Tolling	8. K.	are4	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 theurs after death. Page 4 may be fined by the haspital or attending physician.

TO FUNENCY DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, as page 3 shauld be detached for use as the burial-transil permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs offer death.

7639 CERTIFICA	ATE OF DEATH  Reg. Dist. No. 7609
O. COUNTY AND ARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM? HESO NO TO
NAME OF DECEASED (Type or print) Jack, Windele Middle	Lost 6 DATE Month Day Year OF DEATH 7-25-6019-
M - WIDOWED DIVORCED	B. DATE OF BIRTH  DELR 15, 1883  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS last birthday)  yrs. Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during mest of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes. no. or unknown]  [If yes, give war or dates of service]  [Yes. no. or unknown]	NFORMANT wingled of Moching
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause last.  (c)	2 famorloge Interval Between ONSET AND DEATH
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL/ Hour a. m. 19 While Not while for work at work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased fram 193 Native an 27 (2019, and that death SIGNATURE PHYSICIAN'S NAME (Type)	accurred at ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
20. BURIAL, CREMATION; 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 22c. NAME OF REMO	22d. LOCATION (City, town, or coupty)  (Stote)  24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Noted D. Buranes Sevenne	Fach DATESING 3 '60 arily 8 Known

MARYLAND STATE DEPARTMENT OF HEALTH\_BALTIMORE 19

ST STORTED STATE OF RELABILITY OF REAL PROPERTY OF A PERSON.

# rs after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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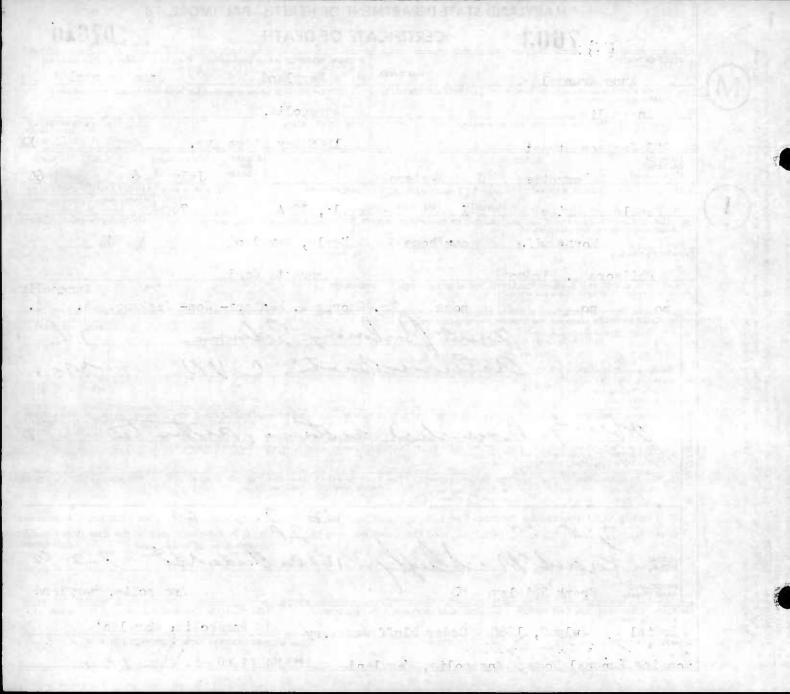
VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7603 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 61()

1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND 2	a. STATE Maryland		b. COUNTY	n: Residence befo		on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	F STAY IN 1b	c. CITY OR TOWN (If au	tside carporat	e limits, write RL	JRAL ond give ne	arest tawn)	
Annapolis		Annapolis,					
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS				e. IS REST	FARM?
923 Jackson Street		1208 Bay F	lidge A	ve.		AF2	NO XX
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mant	th Do	ay Y	ear
(Type or print) Henretta G Ma	sters		DEATH	July	6	1	9 50
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER	MARRIED B.	DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	-	
		v 18. 1884		last birthday) 76yrs.	Manths Days	Haurs	Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSI during most of warking life, even if retired)	NESS OR INDUSTR	Y 11. BIRTHPLACE (State o	ır foreign coun	itry)	12. CITIZEN O	F WHAT CO	DUNTRY?
House wife own h	ome	Deale. Mary	rland		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME				
Philmore W. Windsor		Henretta	Ford				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR	RITY NO. INF	DRMANT	1010	Addr	ess	Annar	olie
(Yes, no, or unknown) (If yes, give war or dates of service)		7 7 7		C T-	-1 C	giinal	MA
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), (c)	-	George V. Mas	sters-	Son- Ja		ERVAL BET	PIC
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMIN	C_V	CONDITION GIV	EN IN PART I(a)	19. WAS A PERFOI	UTOPSY RMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IN OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JJURY OCCURRED.	(Enter nature of injury in P	art I ar Part II	af item 1B.)	'lei	YES [	ио Д
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCUR! Haur a. m. While Nat while at wark at wark	e factar	E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City at	r tawn)	(Caunty	)	(State)
21. I certify that I attended the deceased fram		ccurred at 2P		e causes an		e stated	abave.
ACTUAL Frank M - All	efly M.	12/ Car	DDRESS (Street	et, city ar tayn,	7.	- 8-	SIGNED
PHYSICIAN'S Frank Shipley MD	- (			Anna	polis, N	Maryla	and
REMOVAL (Specify)	OF CEMETERY OR C	CREMATORY		ON (City, town, o		(State	•)
	r Bluff C				Maryland	105	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	5		BY REGISTRA		STRAR'S SIGNATI		
Honning Funeral Home / Annanolis	Marry 1 as	DATE JUL	11'60	1 an	Una & The	us.	



07611

	7640	CEKHILICA	AIE OF DEATH		Reg. Dist.	No.	
T	PLACE OF DEATH COUNTY ANNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE MARYLAND	re deceased lived. If institut b. COUNTY		before admission ARUNDEL	)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  DAVIDSONVILLE	c. LENGTH OF STAY IN 16		otside carporate limits, write 1 SONVILLE	RURAL and giv	e nearest tawn)	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			IS RESIDI     ON A FA     YES	
3.	NAME OF DECEASED (Type or print) Licharly	Middle	Mayr	4. DATE MO OF DEATH July	3/	Day Yea	or 60
5.	Female White WIDOW		B. DATE OF BURTH May 17, 18	9. AGE (Ip years lost birthdoy) 87 yrs	Months D	YEAR IF UNDER	Min.
L	USUAL OCCUPATION (Give hind of work done during most of working life, even if retired)  House wife	own home	Germany		12. CITIZ	USA	OUNTRY
13.	Clemank Greisl		14. MOTHER'S MAIDEN N. (Unknow	` -			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s. no. or unknown) (If yes, give wer or dates of service)  NO NO		mas E. Mayr-		dress #2		
	1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o). (b). and (c).)	ailure			INTERVAL BETWONSET AND DE	EATH
	Conditions, if any, which ) (b)	Irteriosch	erotic c	ardio Vase	ular		
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO  (c)	disease	and se	nility		Sere.	ra/
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART I	PERFORM	NO []
CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)			
MEDICAL	Hour o. m. While		ACE OF INJURY IHame, farm, ctory, street, affice bldg., etc.)		(Co	unty)	(Stote)
	21. I certify that I attended the decease alive on Telly 31, 191	,	accurred at 10100		and an the	date stated	
	ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S	n June	M.D. RF7 D F	1 Box 2:	77-14	7-36	1-6
222	NAME (Type) 2 / DIA 1974  D. BURIAL, CREMATION 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county)	(Stote)	
	Burlal   August 3,60	Our Lady of S	orrows		aryland		
23	FUNERAL DIRECTOR'S SIGNATURE TODDING FUNERAL HOME Ar	ADDRESS	24a. REC'D	100 (0)	istrar's sign		

Annapolis, Md.

DATE AUG 4

may itained by the haspital or attending physician.

2 FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNER TO HO5 VS A15 (4) 15M 9/55

ours ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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				25 MAY 10 AC 10
4		To the man of the		
	TO AND SECURITION OF THE SECURITIES.			
	(telephone)			
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			September 1	
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diction and starting ones of a				
			# # # # # # # # # # # # # # # # # # #	
The state of the s		St (Drawn)		0

the registrar prior ta burial, cremation, or removal, ond in any event within 72 haurs

after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTI	EIC /	TE	OF	DEA	TIL
CEKI	FILA	416	UF	UEA	٧ПП

Reg. Disf. No. 612

	OUNTY Anne	Arundel			MARYLA		o. State Maryland	Where deceose	d lived. If institu b. COUNT		YRWC	d	sion)
RL	JRAL and give ne	autside corporate limi arest tawn) ge G. Mead		te c. LENC	of Stay IN		c. CITY OR TOWN (	If outside corpo	orate limits, write	RURAL and	give ned	3 X -	n)
d. N.	AME OF HOSPITA	ates Army	ive st		20 204/		d. STREET ADDRESS  212-A GO:		ad				SIDENCE FARM?
3. NAM	AE OF EASED	Fir CHA	st		Middle BT.ATN		Lost	4. DATE OF DEATH	Mo	onth	Do 25	y	Year
S. SEX	Male	6. COLOR OR RACE	7. N	AARRIED []	~~~~		METCALF DATE OF BIRTH 15 July 60	DEATH	9. AGE (In year last birthday)	Months	RIYEAR		19 6U ER 24 HRS. Min.
10a. US	UAL OCCUPATIO	N (Give kind of work of ing life, even if retired	done	found /	BUSINESS OR		-				USA	WHAT	COUNTRY?
	HER'S NAME lewellyn	Metcalf		n e U			14. MOTHER'S MAIDEI Romana						
		R IN U. S. ARMED FOR If yes, give war or dates of s		16. SOCIAL	SECURITY NO.		ather 212	A Gorn	nan Rd La	dress aurel	, Md		
18.		TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o			urity						ONS	ERVAL BE SET AND LNCE	DEATH Birth
90	onditions, if ar ave rise to in use (o), stating t	nmediate (	)	Suba	rachnoi	d an	d intraven	tricula	r hemori	hage		ecen	
	ing couse lost.	er Significant con	-	NS CONTRIBI	UTING TO DEAT	H BUT NO	OT RELATED TO THE TEI	RMINAL DISEAS	SE CONDITION G	IVEN IN PA	RT 1(a) 1	PERFC	AUTOPSY ORMED?
CERTIF	CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b.	DESCRIBE HO	OW INJURY OCC	URRED.	Enler noture of injury	in Part I or Po	rt II of item 18.)				
WEDICAL 20c.	Hour o.m.	Month, Day, Yes	W		CCURRED 20		OF INJURY (Home, for y, street, office bldg.,		y or town)		(County)		(State)
ali	rual /	at I attended the 25 July	dec, 1	eased fram	n 15 Ju , and that d	ly eath a	, 19.60 , ta ccurred at 9:25	ADDRESS (S	the causes of treet, city or town	nd on th	ne date	stated	
PHY	YSICIAN'S ME (Type)	WILBUR H.	MI	LLER,	JR., Cap	ot.,		sp ru	Jeo O Me	1000		~	B
BU	MOVAL (Specify)	7-27-6	OF O	U	AME OF CEMETE	RY OR C	CEM.		TION (City, town	S,	F	OA.	te)
23. FUN	ERAL DIRECTOR	MINI	M	IN AC	M MAN	1	DATE -	IUL 2 8 '6		rithun S.			
2	0.50	283	X	VI	1	1	1 . 3 . 4						

VS A1S (4) 1SM 9/58

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Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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C. Thur & Krana

DATE JUL 1 8 '60

VS A15 (4) 1SM 10/57

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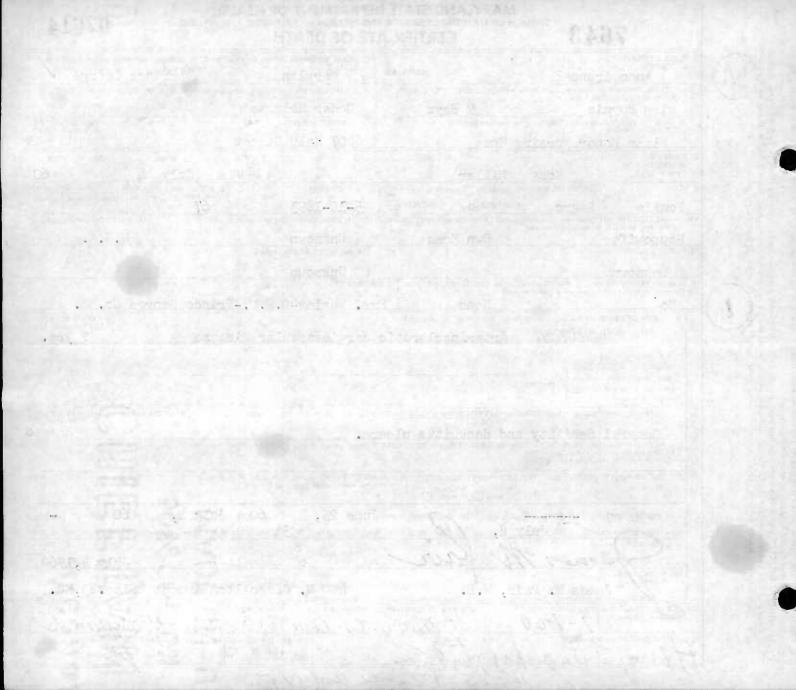
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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When		ion: Residence before admission)
	Anne Arundel	MARYLAND	Maryland	b. county	ince George
	<ul> <li>CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write R	RURAL and give nearest town)
	Glen Burnie	9 days	Cedar Heigh	ts	130
1	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	Plaza Manor Nursing	Home	6407 Kolb St	reet	ON A FARM? YES NO
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Mor	nth Day Year
	(Type or print) Rosa	Miller	1 28	OF DEATH July	
	S. SEX   6. COLOR OR RACE   7.		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female Negro W	DOWED DIVORCED	5-10-1893	lost birthdoy) 67 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewife	Own Home	Unknown		U.S.A.
1	13. FATHER'S NAME	V 11.011.0	14. MOTHER'S MAIDEN NA	ME	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1	Unknown		Unknown		
ł	15. WAS DECEASED EVER IN U. S. ARMED FORCES		IFORMANT	Add	ress
	(Yes, no, or unknown) (If yes, give war or dates of service	9		II Dodana O.	0- 3/3
1	NO CAUSE OF DEATH (F-		rs. Wesley-D.P	.WFrince Ge	
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Arteriosclerotic	cardiovascula	r disease	? yrs.
1	DUE TO				
1	Conditions, if ony, which gove rise to immediate (b)				
1	couse (o), stoting the under-		de		
	lying couse lost. (c)_		La Carta		
	PART II. OTHER SIGNIFICANT CONDITION  General debility at 20th Contributing Cause of Death (If Either, Notify Medical Examiner)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	General debility and	nd decubitus ulce	rs.		YES NO
	200. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING 20b CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE		rt I or Port II of item 18.)	
- 4					
				20f. (City or town)	(County) (State
1	Hour o. m.	While Not while too	tory, street, office bldg., etc.)		
			Terms 05"	60. 77	60
	21. I certify that (I) (this-hospital) o	/ . /			
	saw the deceased alive an JULY	and that d	eoth occurred of JA.A	A, from the couses on	nd on the date stated above
	120. SIGNATURE	11. Cain	ATTENDING MED	STAFF _	22b. DATE SIGNED
1	22c. PHYSIC/Ay'S	V ruce	A	CTOR PHYS.	July 4,1960
1	NAME (Tope)	. W.D	22d. ADDRESS		- D-31- 02 W1
	James M. Pair	M.D.	400 N. Car	rollton Avenu	e Balto.23,Md.
	230 SURIAL, CREMATION, 23b: DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 2	3d to CATION (City, town,	or county) (Stote)
-	7-1-60	st Mary	ch. Cem	Groom 1	Maryland
1	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
	TIMM DW ash	resten & Som	DATE JUL	8 '60 a	illum S. Kroud
-	/ //	96/5 DI ma	es (un) DIE	1	
		100 1	0-19 11.		



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and the highlightening		
DESCRIPTION OF THE PARTY OF THE		California California

	MARYLAND STATE DEF	PARTMENT OF HEALTH	-BALTIMORE,	18
	7644 CER	TIFICATE OF DEATH		Reg. Dist. No.  Reg. Dist. No.  Residence before admission)  Reg. George 's  RAL and give nearest fawn)  Part of the second of t
1)	PLACE OF DEATH o. COUNTY Anne Arundel	2. USUAL RESIDENCE (Who o. SYATE Maryland		ioni Residence before admission) ice George's
		ay in 16 c. City of town (if of days Fairmount	utside carporate limits, write	RURAL and give nearest town)
10	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Crownsville State Hospital	d. STREET ADDRESS 802-58th	Avenue	ON A FARM?
3	NAME OF First Mic		4. DATE Mo OF DEATH	nth Day Year
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA		9. AGE (In years lost birthday) 84. yrs	IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.
10	Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if retired)  Clerk	S OR INDUSTRY 11. BIRTHPLACE (Stole C		
	Robert S. Nichols	14. MOTHER'S MAIDEN N Amanda?	AME	
- 1	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If yes, give wor or dates of service) Unknown	NO. 17. INFORMANT Hospital Reco		dress
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronch	opneumonia		
	gave rise to immediate (DUETO	erotic Cardiovascul	ar Disease	
3	lying cause lost. (c)	DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
OH C	Chronic Brain Syndrome Associa	ted with Senile Bra		
12	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.		(County) (State)
400	Hour o. m. 19 While at work of wark	roddy, sreet, drice biog., etc.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUN VS A15 (4) 1SM 9/55

PHYSICIAN'S NAME (Type)

Burial 7/9/60
23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OF CREMENTERY

22d. LOCATION (City, town, or county)

Crownsville State Hospital, Md.

(State)

226. BURIAL, CREMATION, REMOVAL (Specify)
Burial 7/9/60

Hildegard Heard Reissman, M. D.

240. REC'D BY REGISTRAR 160 DATE JUL 7

Maryland

246. REGISTRAR'S SIGNATURE
Outland & Thomas

William and sea	HYARO RO BT	ADERTIFICA	IX.	
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END IN	er calculational and		Town part Sign	
	AL ALORS			
	ASTOR COLUMN			
			alous III. Profe	
			N. R. J. L. S. L.	
				48
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Sold I will all the area	Pallity or and			
Transference				

MARYIAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ALOR ATTENDING PATSICIAN: The law requires that the death certificate be executed within 32 yours after death. Tage &		4L DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	aould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	(
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The	ng ph	e has	burial-	No Company
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4	OH	-1	100	200

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

645	CERTIFICATE	OF	DEATH
0+1)	CERTIFICATE	OI.	DLAII

Rog. Dist. Nol 7617

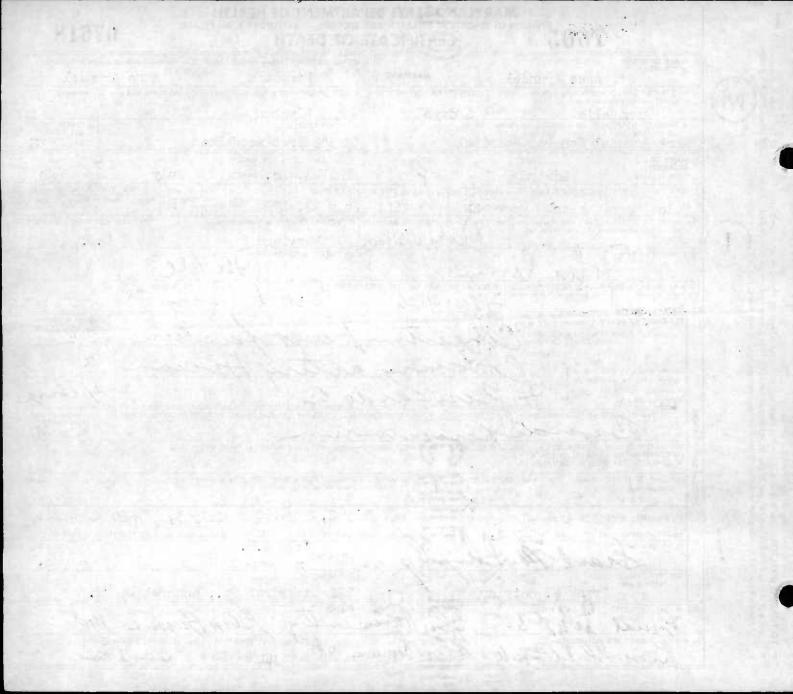
	Anne A	rundel		Baltimore  street oddress)  ODIE  Middle  Midd										
ľ	CITY OR TOWN (IF RURAL ond give ne Glen Bur		s, write			N 1b								
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Plaza Manor Nursing Home								te St	reet	1		ON	FARM?
3. [					Los		OF					Yeor		
5. 5					/ED MADDIES		DATE OF RIPTI						AR IF LIND	
	Female	Negro	WIDOWE	D - (S)	DIVORCED		1864		91	lost birthdo	) Me			7
100	. USUAL OCCUPATIO during most of work	N (Give kind of work on life, even if retired)	lone 10b.	KIND OF B	USINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Stote o	or foreign co	ountry)		12. CITIZEN	OF WHA	COUNTRY?
	unknown						unl	mown					U.S.A	
13.	FATHER'S NAME	Water Street	100				14. MOTHER'S	MAIDEN N	AME			1 1 11		
	Unknow	n					Unk	mown						
		IN U. S. ARMED FOR		SOCIAL SEC	URITY NO.	17. IN	FORMANT			A	ddress			
	To	, yes, give war or autos or si		None		M	rs. Rair	iev-Ba	ltimo	re D.P.	W.			
MEDICAL CERTIFICATION	Conditions, if on gove rise to in couse (o), stoting the lying couse lost.  PART II. OTH  20o. ACCIDENT WAS OUR CONTRIBUTING (IF EITHER, NOTIFY IF EITHER, NOTIFY IF Hour o.m., p. m.	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which he under- CER SIGNIFICANT CON  SUNDERLYING [] CAUSE OF DEATH AEDICAL EXAMINER)  Month, Doy, Yea  19	Ch  Ch  DITIONS C  20b. DESC  While of world  decease	CONTRIBUTION  CONTRIBUTION  CRIBE HOW  NURY OCC.  Not we of work  ed from 5	Clerot brain  NG TO DEAT	TH BUT I	ndrome •  NOT RELATED TO  CE OF INJURY (I lory, street, office  , 19 60  accurred at	THE TERMIN I injury in Prome, farm, bldg., etc.]	r disease or lor Port	CONDITION (If of item 18.)  or town)  1 the causes reet, city or town	ith  GO, th	(Count	Many  19. WAS PERFC YES   y)	AUTOPSY ORMED?  (Stole)  deceased ed above.
	PHYSICIAN'S NAME (Type)	mes M. Paj		D.	VL						16		7-25-	1960
220	BURIAL, CREMATION REMOVAL (Specify) BURIAL	7-27-60	F	22c. NAM		-	Cemet	-		lon (City, 10w)		20.00	land	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE	v 8	ADDR 02 Ma	ess adi so	n A	ve.	240. REC'D	2 7 160	RAR 24b. RE	GISTRA 14 Juni	R'S SIGNAT	URE	

Kin Harmon	HT	E OF DEA	CERTIFICAT	645	*5 - 4	
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				Market H		
Mario Sila To HI TO THE TOTAL						
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					SHART IN AN	THE PARTY NAME OF
		STATE OF THE PARTY			rear mend	
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VR A1S (4) 1SM 9/59 I

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Anne Arunde	٦	MARYL		2. USUAL RESIDENCE	(Where	,	lived. If institution b. COUNT				on)
	(If autside corporate limits,	-	LENGTH OF STAY IN	N 1b	c. CITY OR TOWN	0		ote limits, write		442 00	1100 0 000	)
RURAL ond give	nearest town)		4 days		Ela	rator	1					
d. NAME OF HOSP	TAL (If not in haspital, give	e street addr	ess)		d. STREET ADDRES		4				e. IS RESI	DENCE
Anne Arun	del General E	Hospit	al		363 Br	rookv	boow	Road				FARM?
3. NAME OF DECEASED	First		Middle		Last	4.	DATE	Mc	inth	Do	iy \	rear .
(Type or print)	Edward		-		PERINA,	Sr.	DEATH	Ju	ly	6	1	1960
S. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	B.	DATE OF BIRTH			9. AGE (In years last birthdoy)			IF UNDE	
Male	White w	VIDOWED 1	DIVORCED		July 27,	1900		59 yrs	1110011111	Days	Hours	Min.
100. USUAL OCCUPATI during most of wo	ION (Give kind of work do rking life, even if retired)	ne 10b. KIN	OPF BUSINESS OR	HOUST		yland	1	untry)	12.CI	U.		OUNTRY?
13. TATTER 3 TAME	Wellen Co	rhu	1		14. WOTTER S MINIO	EIA IAVIA	n	ichle				
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCE	(S? 16. SOC 2/5	TAL SECURITY NO.	17. INFO	ORMANT ES	was	1 (	Perina	dress TR			
Canditians, if gave rise to couse (a), stating lying cause last	the under-	Con	ovar erica	ein Z	arte do tin	ing	H	rice	20	-	?	ay
CATIL	THER SIGNIFICANT CONDI	TIPNS CON	TRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE T	TERMINA	L DISEASE	CONDITION G	IVEN IN PA	RT 1(o) 1	PERFO	RMED?
OR CONTRIBUTION	AS UNDERLYING ☐ 20 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRIB	E HOW INJURY OC	CURRED.	(Enter nature of injur	ry in Port	l or Part	It of item 1B.)				
ZOc. TIME OF INJU Hour o. m. p. m.	10	While	Not while of work		E OF INJURY (Home, ory, street, office bldg.		20f. (City	or tawn)		(County)		(Stote)
	at (I) (this haspital)		1 -									
	used alive an Jul	y_5-1-	1960 , and	that de			, fram	the causes a	nd an th	ne date		
22a. SIGNATURE	rand M	Ll	wifly	<b>M</b> .	D. ATTENDING PHYS.	MED.	.M.	STAFF PHYS.			7/6	SIGNED
22c. PHYSICIAN'S NAME (Type)	Frank M. Sh	ipley	///		22d. ADDRESS 121 Cat)	gedra	al St	., Anna	polis	, Md		
23a. BURIAL, CREMATI REMOVAL (Specification)		0 23	Sc. NAME OF CEMP	TERY OR	CREMATORY To	230	SU2	ION (City Jown	or county)	1	ndo	в)
24. FUNERAL DIRECTO	R'S SIGNATURE ATU	ile	Den B	urn	e hed 25d.		Y REGISTI		SISTRAR'S S	- 1-		



TO DEPLITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any topy is necessary, please executed certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, ar remayal.

VS. A15ME(5) 5M 9/55

i o i o i	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7646 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Cremotion of the state of the s	PLACE OF DEATH o. COUNTY Anne Arundel  ARRYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE Maryland  b. County Anne Arundel  Maryland
ta burial	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Glen Burnie  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Glen Burnie  10 hrs.  3501/7644/84464/Baltimor
pi X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  304  304  304  304  304  305  306  307  307  307  307  308  309  309  309  309  309  309  309
with the registrar	3. NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) Elmoden Pitcock DEATH July 18th.
th the	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF 81RTH  WIDOWED DIVORCED 3/28/14  9. AGE (In years lot) birth bloy) 40 yrs.
and 2	Oc. USUAL OCCUPATION (Give kind of work done done done done done done down the most of working life, even if retired)  Winchester, Va.
- ( 1	13. FATHER'S NAME Elmoden Pt/ Pitcock Edna Avery
File poges	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. Nora Pitcock
isit permit.	18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  DUE TO
burial-fran	Conditions, If ony, which gave rise to immediate cause (a), stating the underlying couse lost.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN
	20g. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.)  CAUSE OF DEATH.
מוסטוני פי	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
TOR: Page	21. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Indeed the resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined causes
At Director:	ACTUAL SIGNATURE GUSTAOL AFFORMED AND CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
remayal.	EXAMINER'S Gustave H. Faubert, M.D. DEPUTY MEDICAL EXAMINER 7/18/60

07619 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE Maryland b. COUNTY 1/2/1/2/2	ence before admission)
b. CITY OR TOWN (If auhide corporate limits, write RURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporale limits, write RURAL and	give negrest town)
Glen Burnie 10 hrs.	3504/Fourth/Street Baltimore 2	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
601 Sixth Ave and Ritchie Highway	3504 Fourth Street 3Vol-	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) Elmoden Pitcock	DEATH July 18th.	19 60
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8  WIDOWED DIVORCED		1YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IRY 11. SIRTHPLACE (Stole or foreign country) 12. CITIS Winchester, Va.	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Elmoden Ft1 Pitcock	Edna Avery	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address	
Yes, se, or unknown! If yes, give war ar dotse of service) 066-14-4399 Mr	rs. Nora Pitcock	
18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  Coronary Occlust	ion	INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if ony, which gave rise to immediate cause (a) station the variation (b)		
(o), stating the underlying DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO (A)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SIGNIFICANT CONDITIONS CONTRIBUTING TO SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO SIGNIFICANT CONTRIBUTING TO SIGNIFICANT CONTRIBUTION	nter nature of Injury in Part I or Part II af item 18.)	
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 100. m. While Not while of work of work of work 19	CE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bldg., etc.)	inty) (Stote)
21. I certify that I taak charge of the remains described aba	ve, held an Autopsy 🔲, Inspection 🔼, Inquir	y A, and find that
death resulted fram: Natural causes 🖾, Accident 🔲, Suid	cide, Hamicide, Undetermined cause	
SIGNATURE GUSTADE A Parkendud'	M,D, CHIEF MEDICAL EXAMINER [	DATE SIGNED
EXAMINER'S Gustave H. Faubert, M.D.	ASSISTANT MEDICAL EXAMINER 7/18/60	
220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) 7/21/60 Mt. Hebro	CREMATORY 22d. LOCATION (City, town, or county) On Cemetery Winchesten, V	(State)
23. FUNERAL DIRECTOR'S SIGNATURE After his ADDRESS Hopping and Kirkley, Glen Burnie,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07620

S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In year)   15. SEX   White   WIDOWED   DIVORCED   4/28/68   1869   9. AGE (In year)   15. OATE OF BIRTH   4/28/68   1869   9. AGE (In year)   15. OATE OF Green   18. OATE OF GR	3
Ame Arund 10  b. CITY OR TOWN (If outside corporate limits, write RURAL on digive mental form) Glen Furnie  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 218 Wicklow Ave.  3. NAME OF HOSPITAL OR NASTITUTION (If not in hospital, give street address) 218 Wicklow Ave.  3. NAME OF DECASED (In year) Glen First Middle Lost Ramsburg DEATH 7  23. NAME OF DECASED (In year) Glen First Middle Lost Apare Potential (In year) Rose Lee Ramsburg DEATH 7  24. DATE DEATH 7  25. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. DATE OF BIRTH WIDOWED 10. USUAL OCCUPATION (Give kind of work done) Housewife Version in retired) Housewife Suprimer of double of working life, even if retired) Housewife Darcus Jane ?  15. WAS DECASED EVER IN U. S. ARMED FORCES? (These, oo, or unknown) NO  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  200. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  201. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  2020. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  2040. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  2050. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  2060. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  2071. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	
Glen Humie 4 yrs. Same  d. Name of Hospital or Institution (if not in hospital, give street oddress)  218 Wicklow Ave.  3. Name of Hospital or Institution (if not in hospital, give street oddress)  218 Wicklow Ave.  3. Name of Hospital or Institution (if not in hospital, give street oddress)  218 Wicklow Ave.  3. Name of Hospital or Institution (if not in hospital, give street oddress)  228 Wicklow Ave.  3. Name of Hospital Or Institution (if not in hospital, give street oddress)  228 Wicklow Ave.  3. Name of Hospital Or Institution (if not in hospital, give street oddress)  228 Wicklow Ave.  3. Name of Hospital Or Institution (if not in hospital, give street oddress)  228 Wicklow Ave.  3. Name of Hospital Or Institution (if not in hospital, give street oddress)  3. Name of Hospital Or Institution (if peace in hospital)  4. Date of Beath (institution)  100. USUAL OCCUPATION (Give kind of work done of Windows (institution) (ins	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  218 Wicklow Ave.  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 10. B. DATE OF BIRTH  Female  White  WIDOWED DIVORCED 4/28/68/86/99. AGE (in year)  during most of working life, even if retired)  HOUSEWIFE  13. FATHER'S NAME  John Schaefer  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DATE Month  (b) gove rise to immediate cause (a), stating if any, which gove rise to immediate cause (c), stating if any, which gove rise to immediate cause (c), stating if any, which gove rise to immediate cause (c), stating the underlying cause of DEATH (c).  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CAUSE OF DEATH.  20c. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) cause of DEATH.  20c. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) cause of DEATH.  20c. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) cause of DEATH.  20c. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) cause of DEATH.	e nearest town)
218 Wicklow Ave.  3. NAME OF DECEASED First Middle Lost PASSED First Rose Lee Ramsburg PEART I. DEATH WAS CAUSE ON DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.)  2. SEX PASSED FOR THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  2. SEX PENDAGE OF DEATH. (AUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  3. NAME OF DEATH (In page 1) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  3. NAME OF DEATH (In page 1) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  3. NAME OF DEATH (In page 1) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  2. DATE OF DEATH (In page 1) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  2. DATE OF DEATH (In other SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  2. DATE OF DEATH (In other SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  2. DATE OF DEATH (In other SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  2. DATE OF DEATH (In other SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  2. DATE OF DEATH (In other SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(co.)  2. DATE OF DEATH (In other SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION IN PART 1 (co.)  2. DATE OF DEATH (IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTION C	
NAME OF DECEASED (Type or print)   Rose   Lee   Ramsburg   OF The Type of Part   OF The Type of Type of Part   OF The Type of Type	e. IS RESIDENCE ON A FARM?
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S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in year)   No   No   No   No   No   No   No   N	ay Year
Female White WIDOWED DIVORCED 4/28/68 1869 Introduction of the birthday of the	20 1960
Too. USUAL OCCUPATION (Give kind of work done)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  Louden Go., Virginia  12. CITIZEN  Louden Go., Virginia  14. MOTHER'S MAME  John Schaefer  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  No  Mrs. Lucy Lahan (daughter)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gover itse to immediate cause (c), stating the underlying cause last.  Too. EXTERNAL CAUSE WAS  PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
Housewife  13. FATHER'S NAME  John Schaefer  14. MOTHER'S MAIDEN NAME  John Schaefer  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Vet., no., or unknown)  Ill yea, give wor or doles of service)  No  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Coronary Occlusion  DUE TO  Conditions, if any, which gove rise to immediate cause (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  200a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	s Hours Min.
Housewife  13. FATHER'S NAME  John Schaefer  14. MOTHER'S MAIDEN NAME  John Schaefer  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Vet., no., or unknown)  Ill yea, give wor or doles of service)  No  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Coronary Occlusion  DUE TO  Conditions, if any, which gove rise to immediate cause (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  200a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	OF WHAT COUNTRY
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Text., oo, or unknown)  NO  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (c), stoting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.)	
(If yes, give wer er dotes of service)  NO  Mrs. Lucy Lahan (daughter)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  CAUSE OF DEATH.	
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20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH.	PERFORMED?
THE RESIDENCE OF THE PROPERTY	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  While Nat while of work of work of work	
	X, and find the
death resulted fram: Natural causes X, Accident , Suicide , Homicide , Undetermined cause .	and the
SIGNATURE Gustane M. Farefreit M. O. CHIEF MEDICAL EXAMINER [	DATE SIGNED
ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Gustave H. Fauhert M. D. DEPUTY MEDICAL EXAMINER X	
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	7/20/60
REMOVAL(Specify)	7/20/60 (State)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 PEC'U BY PEGISTRAP 246 PEGISTRAP'S SIGNA	7/20/60 (State)
Mc Culty funesal. 1 Imo 1306 fort any DATE JUL 22'60 without & the	シスシ

VS. A15ME(5) 5M 9/55

#### FOR STATE HEALTH DEPT.

TO DEFORM MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any forms is necessary, please executed the certificate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the parallel director. Page 4 shauld be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

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VS. A15ME

## 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7610

	140							Reg. Di	st. No.		
1. PLACE OF DEATH  o. COUNTY  At	nne Arund	el	MARYLAI		o. STATE	Where deceo	sed lived. If institu b. COUNT		nce befo	ore odmission	n)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown) Millersville					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Millersville						
d. NAME OF HOSPITA	AL OR INSTITUTION (I	f not in hos	pital, give street oddress)		d STREET ADDRESS			LE TE		e. IS RESID ON A FA	ARM?
3. NAME OF DECEASED (Type or print)	Joh:		Middle David		Rice	4. DATE OF DEATH	Month Ju		Doy 27	Year 7 19	60
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	3 8. D	ATE OF BIRTH		9. AGE (In years	IFUNDER	TYEAR	IF UNDER 2	14 HRS
Male	White	WIDOWE			in. 18,191		46 yrs.		Doys	Hours Mi	
during most of working Mechanic	g life, even if refired)	US.	Gov t	JUSTRY	Matylan		country)	1	JSA	WHAT COL	UNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
Willia	am John	Ri	Lce		Clara	F. D	onaldso	n			
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.		MANT Jessie	Rice,	Same a	s 2			
	fiote couse	Su		lun	tary inhala	ation (	of carbon	1	ONSET	Sudde	n
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20c. TIME OF INJUS United Win. p. m.	7/27/60	While		factory,	of Industry (Home Plant street, office bldg., etc Road	) !	ror fown) lersville	, A.A.	.,,		Stole)
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ACTUAL SIGNATURE SIGNATURE	710000		ber dell	M	ASSISTANT MEDICAL	AL EXAMINE	ER 🗍			DATE SIGN	IEO
NAME (Type)	Gustave H.	Faul	ert,M.D.		DEPUTY MEDICAL	EXAMINER [	<b>3</b> 7/27/	60			
220. BURIAL, CREMATIO	July30		22c. NAME OF CEMETERY Baldwin N		ematory Orial		TION (City, fown, cersy)		C	(Stote) Md	
23. FUNERAL DIRECTOR	S SIGNATURE	JKu-	CADDRESS			D BY REGIST	TRAR 24b. REGIS	STRAR'S SIG	NATUR	•	
Hopping as	nd Kirkle	у, (	Flen Burnie	, ]	Md. DATE J	UL 29'	60 a	rthun S.	Krau	4	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ecesso	e certificate, writing the ward "pending" in pencil in Ilem, 18. Give Pages 1, 2, and 3 to the rall director. Page 31	far yo	o proc		i
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M	ARYLAND	STATE D	EPARTME	NT OF	HEALTH-	BALTIMORE,	18
7651	MEDIC	AL EXA	MINER'S	CERTI	FICATE	OF DEATH	R

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PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where de		ence befare admission)
Anne Arundel	MARYLAND	o. STATE Same	Same	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 1b		corporate limits, write RURAL and	d give nearest town)
Brooklyn Heights	13 years	Same		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
923 Victory Aveneu		Samo		YES NO T
3. NAME OF First DECEASED (Type or print) Coopers Tohm Docho	Middle	Last 4. DATI OF DEA		Day Year 1960 19
5. SEX 6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	9. AGE (In years   IF UNDER	1700
M WIDOWE		86/7/86	73 yrs. Manths	Days Haurs Min.
10a, USUAL OCCUPATION (Give kind af wark dane 10b. I during mast of warking life, even if retired) 1185 68161	KIND OF BUSINESS OR INDUST	Baltimore, Mo		IZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		t man
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no, or unknown)   (If yes, give wor or dates of service)		NFORMANT s.Edna Gertrude I	Address Roche (Wife)	
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).] oronary Occlus	ion		INTERVAL BETWEEN SUDGEN
The DUE TO		4.	m-	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.				
	ONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISI	EASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CO	E HOW INJURY OCCURRED. (E	nter nature of injury in Part I or Par	t II of item 18.)	
Haur o. m. Whil	f 4 -	CE OF INJURY (Home, form, 201. ( pry, street, office bldg., etc.)	City or town) (Car	unty) (State)
21, I certify that I took charge of the opinion death resulted from: Natural				
	*	_, Joicide, Homici	de [], Ondetermined	monner 🗀
ACTUAL GUSTONE / CFA	whendly	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
		ASSISTANT MEDICAL EXAM	INER []	
NAME (Type), Gustave H. Faube	rt.M.D.	DEPUTY MEDICAL EXAMINE	7/21/60	
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LC	OCATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CLES	240. REC'D BY REC		SNATURE S. KINER

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				Contract Contract
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		Several attacks		
			Suit St. Control	

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7652 CERTIFICATE OF DEATH Rea Dist No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b COUNTY MARYLAND UNDEL eral b. CITY OR TOWN (If outside corporate limits, write RURAL and give/nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) P URAC NNAPOLIS URAC HNUADGER d NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS OR INSTITUTION BELVOIR, CROWNSVILLE, MO LUUIR ROWNSVILLE, MO-NAME OF Middle 4. DATE Month DECEASED OF (Type or print) MARGARET 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8 DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Davs WIDOWED DIVORCED [ papers. yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (If yes, give war or dates of service) CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which 4-1PERTENSIVE TERIOSCLERUTIO (b) gave rise to immediate **DUE TO** couse (o), stoting the under-ASCULAR DISEASE lying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) Hour foctory, street, office bldg., etc.) o. m. While Not while p. m. of work of work 21. I certify that I attended the deceased from 1960 that I last saw the deceased and that death occurred at 2:30 P.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) ACTUAL THEDRAL DIRE D PHYSICIAN'S RD FLER NAPOLIS NAME (Type) 220. BURIAL CREMATION: 22b. DATE THEREOF 22c. NAME, OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or (county) page 0 23. FUNERAL/DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

VS A15 (4)

15M 9/55

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e. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES NO T

(Stote)

DATE SIGNED

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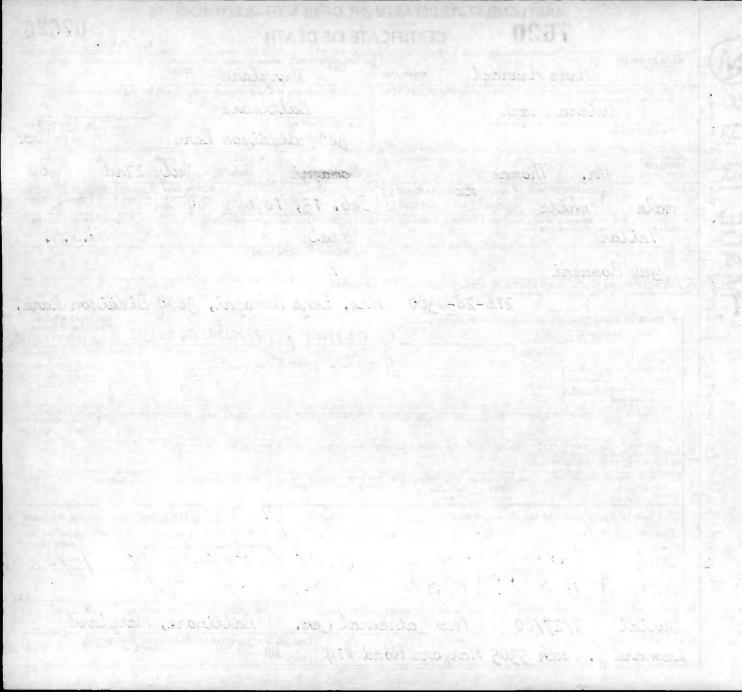
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ty is necessary, please exe-prector. Page 4 shauld be TO DEPLITY MEDICAL EXAMINER; This certificate shauld be executed within 24 haurs after death. If any if y is necessary, if cute cute certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune from freque. Page 4 farw seed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your riles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, ar remayal.

VS. A15ME(5) 5M 9/55

	7606 MEDICAL EXAMINER'S CERTIFICATE OF	DEATH AMONG
_		Reg. Dist. No. 6 () 2 2
1.	1. PLACE OF DEATH O. COUNTY NNE ARUNDEL MARYLAND O. STATE TARYLAND	b. COUNTY
1	b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 .c. CITY OR JOWN IF outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN IF outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits, write RURAL LENGTH OF STAY IN 16 .c. CITY OR JOWN III outside corporate limits and limi	porote limits, write RURAL and give nearest town)
14	d NAME OF HOSPITAL OR INSTITUTION UT not in hospitall give street address)  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)  OF TO HOSS BACK 4. DATE OF DEATH	Manth Day Year 60
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 11-5-1895	9. AGE (Id yours loss birthoby)
100	100. USUAL OCCUPATION (Give kind of work dode 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign of during most of working life, level if letired)  AW 11-LACION LUMBER WISCONS/A	DUNITY) 12. CITIZEN OF WHAT COUNTRY
13.	13. FATHER'S NAME RD ROSS'BACK HARLIA	Untonow
15. (Yq	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT . 1/40, not or unknown) Iff yes, give wor or blotes of services  TRS OLIVE POSS	BACK # 2
/	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  (c)	INTERVAL BETWEEN GINSET AND DEATH
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	PERFORMED? YES NO
ERTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING IN CAUSE OF DEATH.	of item 1B.)
MEDICAL		ar fown) (County) (Stote)
		spectian , Inquiry , and find the determined cause .
	EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAMINER S DEPUTY MEDICAL EXAMINER S	
7	BURIAL 2-9-60 HILLEREST HW	NAPOLIS (State)
28	24 FUNERAL DIRECTOR'S SIGNATURE AND PORT OF DATE AND 1240. REC'D BY REGISTION DATE AND 12'E	- 0 2

MARYLAND STATE DEPARTMENT OF HEALTH\_RAITIMODE 18

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	(0)	) 0	CERTI	IFICA	IE OF DEAT	Н		Reg. Dis	. Nel	1628
1. PLACE OF DEATH o. COUNTY Anne	e Arundel		MARI	rLAND	2. USUAL RESIDENCE (VO. STATE		lived. If institution b. COUNTY			
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	CITY OR TOWN (IF	outside corpo	rote limits, write RI	URAL ond g	ve nearest	t town)
RURAL and give in			32 VR	5		Burn	ie			
d. NAME OF HOSPIT	AL (If not in hospitol, prain High	way	NW		d. STREET ADDRESS	in Hg	hy. NW		(	S RESIDENCE ON A FARM? ES NO ST
3. NAME OF DECEASED	Fi	rst	Middle	)	Lost	4. DATE OF	Mon	th	Doy	Yeor
(Type or print)	Mami		Augusta		Ruby	DEATH	Jul	У	7	1960
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED 🔲 8	DATE OF BIRTH		9. AGE (In years lost birthday)			UNDER 24 HRS.
F	W	WIDOW				394	66 yrs.	Monns	Days In	lours Min.
10o. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired WITE	done 10b.			RY 11. BIRTHPLACE (Stot			12. CITI	ZEN OF V	WHAT COUNTRY?
	wile		Own Home	е	Baltim		ounty	Ţ	JSA	
13. FATHER'S NAME	odomo Wot	-1			14. MOTHER'S MAIDEN					
	odore Met					lline	Dalhke			
IS. WAS DECEASED EVE	(If yes, give wor or dates of a		SOCIAL SECURITY NO		FORMANT	fit man	Addi			
					. William	w. Ru	by, sam	e as	2	
	TH [Enter only one co TH WAS CAUSED BY:	use per li	ne for (o), (b), and (c).		Infarction					AND DEATH
420	IMMEDIATE CAUSE (c	-	My ocar a.	T C1 T	Intage of on					
Tac V	DUE TO		Coronar	v Ar	tery Disea	Se			2-	-3 y.
Conditions, if or	mmediate	-	0010101	J 11-						J -
couse (o), stoting lying couse lost.	the under DUE TO		Hyprete	nsiv	e Heart Di	sease				
	IER SIGNIFICANT CON		O L		OT RELATED TO THE TERM		E CONDITION GIV	EN IN PART	1(o) 19. V	WAS AUTOPSY
2									P	ERFORMED?
	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port 1 or Port	11 of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. I While of wor	NJURY OCCURRED  Not while k ot work	20e. PLA	E OF INJURY IHome, for ory, street, office bldg., et	m, 20f. (City c.)	or town)	(Co	ounty)	(Stote)
21. I certify th	at I attended the	deceas	ed from 7.5		, 1960, to	7.7.6	0. , 19	that I le	ast saw	the deceased
alive on7					occurred at 10.0	OMPFM	the causes a	nd on the	e date	stated above
	1 1		1				reet, city or town,		c duic .	DATE SIGNED
ACTUAL	frelier	6	Terr	М	D. 3 Crain	High	way Gle	n Bur	nie	,Md.
PHYSICIAN'S NAME (Type)	Andrew K	. Sz	abo, M.D.		3 Crai	n High	hwa <b>t</b> SE	, Gle	n Bi	arnie
220. BURIAL, CREMATIO	7/12/6		Glen Ha			22d. LOCAT	ion (City, fown, on Burni	r county)		(Stote)
23. FUNERAL DIRECTOR		mes	O ADDRESS //	1 les	/	D BY REGIST		TRAR'S SIGN		
Hopping a	and Kirkl	ey,	Glen Bur	nie.	Md. DATEUL	1 2 '60	arih	47 8. Ku	and	
				-	4.00					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may liained by the haspital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shortd Defiled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. M

VS A15 (4) 15M 9/SS

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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ppletely filled in by the funeral director, ers. Pages 1 and 2 should be filed with after death.	b.
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pletely fille ers. Pages after death.	S. SE
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COUNTY b. COUNTY MARYLAND OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Ballimor e e. IS RESIDENCE MOINDA ON A FARM? YES NO Z Middle Yeor CEASED ype or print) 16. COLOR OR BACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED Manths Dovs DIVORCED T WIDOWED YIS. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? dod COL ian and carban p 190er 4 Campenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician Knewn remave 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), My, and PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO by Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost GIGNIFICANT CONDITIONS, CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldd., etc.) a. m While Not while DIRECTOR: After this at work at work 21. I certify that (1) (this haspital) attended the deceased fram \_, that (I) (we) last Whom the causes and an the date stated above. saw the deceased alive an , and that death accurred a 22d. SIGNATUR M.D. PHYS. MED. STAFF PHYS. PHYSICIAN'S NAME (Type) 22d. ADDRESS O FUNERAL page 3 sh the State E 23c. NAME OF CEMETERY OF CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) REMOVAL (Specify) HINEU CENCTON 24. FUNERAL DIRECTOR'S SIGNATURE STEVENS 1501 E. FORT AVE DATE JUL 18'60 Curling & House

VR A15 (4) 1SM 9/59



1960

22c. NAME OF CEMETERY OR CREMATORY

page VS A15 (4) 15M 9/5B

he 23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify

Reg. Dist. No

Month

yrs.

Months

ON A FARM?

YES NO D

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> 6 mo.

(County)

Consenita

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirling S. Through

22d. LOCATION (City, town, or county)

KTASUSO TADROND - Andrew Committee of the Committee of t Assessment was the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7656 CERTIFICATE OF DEATH Reg. Dist NZ631 filed with 1. PLACE OF DEATH Y 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 be c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) shauld mos d. NAME/OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO puo NAME OF Middle 4. DATE Month Day Yeor filled DECEASED (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min WIDOWED A DIVORCED T HES. campl Doper 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN, OF WHAT COUNTRY? during most of working life, even if retired) puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address attending CAUSE OF DEATH / Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY by any Conditions, if any, which te has been signed burial-transit permi gave rise to immediate cause (a), stating the underand lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate as the 20c. TIME OF INJURY 20d. INJURY OCCURRED-20e. PLACE OF INJURY (Home, form, | 20f. (City or Town) (County) (State) detached for use ta burial, cremoti factory, street, affice bldg., etc.) o. m. While Not while p. m. at work at work 21. I certify that I attended the deceased from to 192/2, that I lost sow the deceased alive on 60 and that death accurred at M, fram the couses and on the date stated above DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL pe prior SIGNATURE 3 should PHYSICIAN'S NAME (Type) FUNE 220 BURYAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE JUL 5 VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	607		CERTIFICA	TE OF D	EATH				0763	2
1. PLACE OF DEATH o. COUNTY	Anne Arund	el	MARYLAND	2. USUAL RESID	DENCE (When	of Hills	ved. If institution b. COUNTY	Anne A		ın)
b. CITY OR TOWN RURAL ond give Annapo		ts, write c. LEI	NGTH OF STAY IN 16	1 .	napol		limits, write R	URAL ond give	nearest town)	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, o			d. STREET A	DDRESS	west Si	t.,	11.33	e. IS RESID ON A F	FARM?
3. NAME OF DECEASED (Type or print)	Fir Marie		Middle	SIM		4. DATE OF DEATH	Mon July		/	eor 960
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTI	Н	9.	AGE (In years	IF UNDER 1 YE		-
Female	Negro	WIDOWED [	DIVORCED [	July 24	1897	9 E 7 6	63 yrs.	Months Doy	rs Hours	Min.
10a. USUAL OCCUPAT during most of wa Dome st	ION (Give kind of work irking life, even if retired IC	done 10b. KIND	OF BUSINESS OR INDU	JSTRY 11. BIRTHPL	ACE (State of	d - Ann	napolis	-	OF WHAT CO	UNTR
	Clark (ER IN U. S. ARMED FOR (If yes, give war ar dates of s			Eli NFORMANT Florence	Za Pai		Addi		113	
Conditions, if gave rise to cause (o), stoting lying couse lost  PART II. O	immediate DUE TO	Parcis	NOMA BUTING TO DEATH 80	right T NOT RELATED TO	THE TERMIN	ung IAL DISENSE C	ONDITION GIV	'EN IN PART 1(d	PERFOR	MED?
(IF EITHER, NOTIF	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCURR	ED. (Enter nature o	f injury in Po	ort I ar Part II	af item 1B.)		YES XX	NO
20c. TIME OF INJU Haur a. m. p. m.	10	While _ N		LACE OF INJURY ( actory, street, affice	Hame, farm, bldg., etc.)	20f. (City or	town)	(Caun	ty)	(Sto
saw the deced	at (I) (this hospital ased alive anJu				d at/	M, fram th		, 19 <mark>60</mark> , d an the do		
22c. PHYSICIAN'S	Kickan	don	MD	M.D. PHYS.	DIRE		STAFF PHYS.			DATE SIGN
NAME (Type)	R. L. Rich	ardsen			1000	St.	Annapol:	is. Md.		
230. BURIAL, CREMATI BURIAL (Specif	ON, 23b. DATE THEREC	OF 23c.	NAME OF CEMETERY O			23d. LOCATIO	N (City, town, o	or county)	(State)	
24. FUNERAL DIRECTO			ADDRESS		2Sa. REC'D	BY REGISTRA	R 2Sb. REGIS	STRAR'S SIGNA		

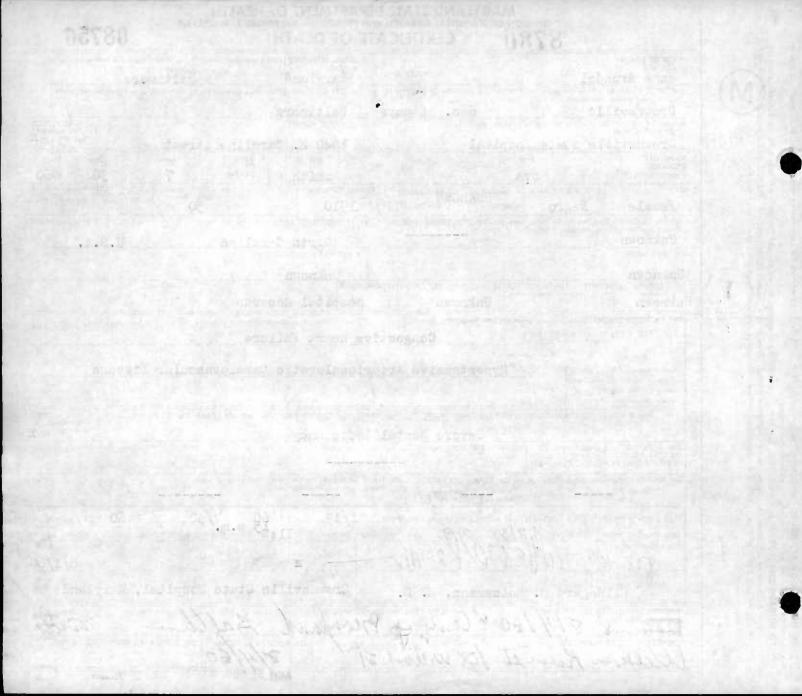
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4	2	17	00	00
	may chained by the hospitol ar attending physicion.	A	page 3 should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2	the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 haurs ofter death.
T		SE	3	of
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I	DH	4	DC	he
TO HO AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within it		TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by		-

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
878() CERTIFICATE OF DEATH

	COUNTY	-3-1		MARYLAND		USUAL RESIDENCE (W	/here decease	b. COUNTY		e befare	admission)
-	Anne Aru	f autside carporate limits,	write c. LEN	GTH OF STAY IN 16		Maryland c. CITY OR TOWN (IF	autside corpo		URAL and ai	ve negre	est town)
	RURAL and give no	earest town)				No. of the last		5/	101	-	4
-	Crownsvi.			o. 11 days	-	Baltimore d. STREET ADDRESS		20	01	le.	IS RESIDENCE
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Crownsville State Hospital										ON A FARM?
						1840 N. C					YES NO TO
1	NAME OF DECEASED	First		Middle		Last	4. DATE	Man	th	Day	Year
(	Type ar print)	Eva				Smith	DEATH	7		30	1960
S. S	Female	6. COLOR OR RACE 7	MARPIED NICH	DIVORCED D	B. D	1910		9. AGE (In years last birthday) 50 yrs.			Haurs Min.
10a.	USUAL OCCUPATION	ON (Give kind of work dar	ne 10b. KIND O	F BUSINESS OR INDU	JSTRY	11. BIRTHPLACE (State	e ar fareign c	auntry)	12.CITIZ	EN OF V	VHAT COUNTRY
	Unknown	king life, even if retired)	-			N wth C	arolin		17	S.A	
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN		CL.		91204	
	TT1					TT .1					
	Unknown	R IN U. S. ARMED FORCE	SZ 14 SOCIAL	SECURITY NO. 17.	NEOR	Unknown		Add	ress		
(Yes		(If yes, give wor or dates of servi				lospital Re	cords	Add			
	18. CAUSE OF DEA	ATH [Enter only one cause	e per line far (a	), (b), and (c).]		The second second		7 00-1-1		INTER	VAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Congestive Heart Failure										
	442 X DUE TO										
	Conditions, if a	ny, which )	Hypert	ensive Art	eri	osclerotic	Cardi	ovascula:	r Dise	830	
	gave rise to i	mmediate ( DUE TO	13 001 0	0110210 2220		000101011	00000000	01450424			
H	cause (a), stating the <u>under-</u>										
z	lying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY										
CATION	PARI II. OII	TER SIGNIFICANT CONDI					MILANT DISTAS	L CONDITION ON	FIA IIA LUKI		PERFORMED?
ICA				ere Mental							YES NO
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	Db. DESCRIBE HO	OW INJURY OCCURR	ED. (E	nter nature af injury in	Part I ar Par	t II af item 1B.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)						Jan Brake	- 1.01		
CAL	20c. TIME OF INJUR		20d. INJURY C		LACE	OF INJURY (Hame, far street, affice bldg., et	m, 20f. (City	ar tawn)	(C	aunty)	(State
MEDI	Hour o.m.	19	While No	wark	acidi y,	www.			•		
		/1\ /d. :				1/10 1	2.60 to_	7/20	10.6	O 4h-	t (1) (we) las
		at (1) (this haspital)	/30	deceased from		h occurred of 11		m.			
	saw the decease	sed alive on	1.30	OU., ond that	deat	h occurred of II	M, from	the causes or	nd on the	dote s	22b. DATE
	220. SIGNATURE	10 nous NO	10911	1 gimn-		ATTENDING A	MED.	STAFF			SIGNED
	11/	WANT IN	4/4	VIIIV	M.D.	PHYS.	DIRECTOR [	PHYS.			8/1/60
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS	1 - 5+-	to Woonid	tol M		and.
	Hi	ldegard H. H	eismman	n, M. D.		Crownsvil	Te ora	te mospi	terr, M	aryı	and
23a	DUNIAL, CREMATIC	ON, 23b. DATE THEREO	35c.	NAME OF CEMETERY	OR CR	EMATORY /	23d. LOCA	TION (City, 18wn,	ar caunty)		(State)
	(Specify)	2 814/6	016	lati H	m	Laryland.	13	allh	-		and
24.	FUNERAL DIRECTOR	'S SIGNATURE	_ AI	DDRESS		2So. REC	C'D BY REGIS	RAR 2Sb. REGI	STRAR'S SIG	NATURE	
	1 dolla	m Riese	15 /08	Willand.	21	DATE	8/4/	60			
	00000	- I MATE	7 / 30	7 000	= 1	All	8 6		· m 8. 7	Traus	
							. 77	0000	1 200 1		



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	£ /	TOST Items 7,8,9,11,223,5,c,&d Film G267 7/14/60 iwk CERTIFICATE OF DEATH  Reg. Dist	.0.7633
directa	E E E E E E E E E E E E E E E E E E E	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of the county of the co	
the funerol	should be	b. CITY OR TOWN (If autside corporate limits, write RURAC and give nearest tawn)  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	ve nearest town)
þ		d. NAME OF HOSPITAL (If not in hospital) give street address or NSUTUTION 4. STREET ADDRESS MYRTS MILLS Rd.	e. IS RESIDENCE ON A FARM? YES NO
Filled in	Jes 1 on	3. NAME OF DECEASED (Type or print) Toshud Middle MOTHERS OF DEATH TO	Day Year 68
completely filled	rs. Poges	MINKED MINKED MINKED	YEAR IF UNDER 24 HRS Doys Hours Min.
ond com	death.	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland	EN OF WHOTCOUNTRY
icion or	s after	13. FATHER MAME See Smothers Wetoria Payne	
na phys	72 hou	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address  (Yes, no, or unknown) (If yes, give war or dates of service)	
attending	t within	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ### PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
by the	it. The	Conditions, if ony, which (b) CETEDIA THOMPOSIS	
n. signed	it perm	gave rise to immediate couse (a), stating the under- lying couse last.  DUE TO Jyhilis of the Central Nervous Jystem.	
physicia os been	al-trans	A JOHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN MART	16) 19. WAS AUTOPSY PERFORMED? YES NO
ending icate h	or rem	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter narries of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
al ar off	emation,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of otwark 19 at work of otwark 19 at work 19 at wo	aunty) (State
hospit	ched for	21. I certify that I strended the deceased from	
d by the	ar to be	ACTUAL LAND MR. COLON Street, cly or toyn, stote)	SPA DATE SIGNE
RAL DIR	should stror pri	PHYSICIAN'S LIGHT MEHRY Mapp MD Crochville, Ma	1 1/1
moy be FUNERAL	page 3	22a. BURIAL, CREMATION, REMOVAL (Specify)  Burial  22b. Date Thereof  22c. NAME of CEMETERY OR CREMATORY  REMOVAL (Specify)  Burial  22d. LOCATION (City, town, or county)  Sandy Spring, Md.	(State)
A15	(4)	23. FONERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE  240. REGISTRAR'S SIGNATURE  DATE	MAIUBE
M 9/5			

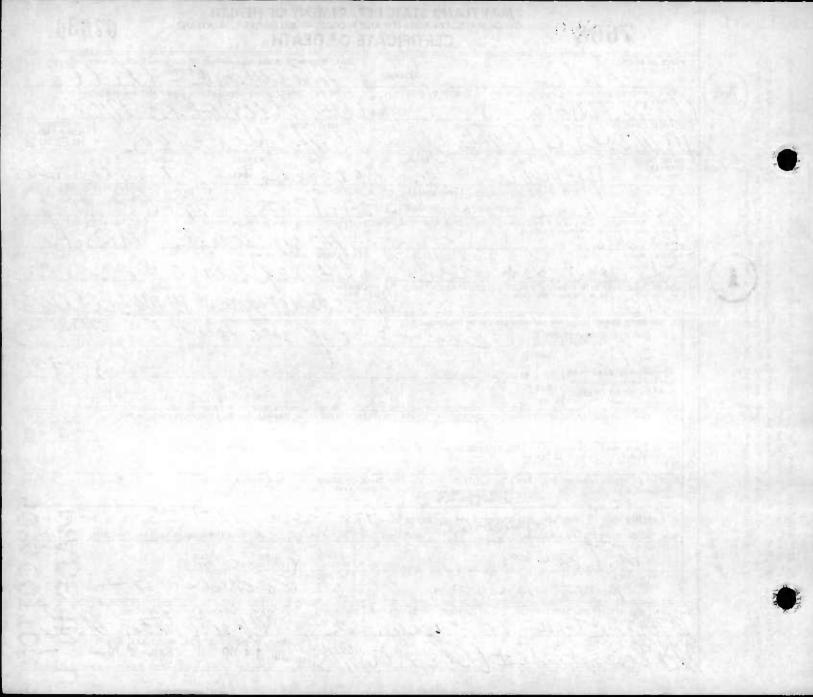
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Ed:	M	ARYLAND 2	o. STATE AL		If institution: Redden	ce befare admission)
RURAL and give n	If outside corporate limits, legrest town)	write c. LENGTH OF ST	AY IN 1b	CITY OR TOWN (IF of	tside corporate limit	s, write RURAL ond	ive pearest town)
d. NAME OF HOSPI	TAL (V not in hospital, give	Tyreet oddressty	1	d. STREET ADDRESS	bell	ant.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type ar print)	John	2 W	dello S	mell	4. DATE OF DEATH	Month	Day Year 1960
5. SEX Male	1 10 -11	MARRIED NEVER MA	RCED   B. C	DATE OF BIRTH	9. AGE lost b	(In years pirthdoy) yrs. IF UNDER Months	Doys Hours Min.
during most af war	ON (Give kind af wark da king life, even if retired)	ne 10b. KIND OF BUSINES		Y 11-BIRTHPLACE (State o	lance	e 12.cit	S A
13. FATHER'S NAME	vis S.	onel	la	14. MOTHER'S MAIDEN NA	Me	e 80	nell
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv		NO. 17 INFO	MONTHON	roard	19 Mas	ellar
	ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line far (a), (b), ond	(c).]	0/50	lovae	h	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if					15 136		3 mas
gove rise to couse (a), stoting lying couse lost.	the under-						
PART II. OT	HER SIGNIFICANT CONDI	TIONS <u>CONTRIBUTING TO</u>	DEATH BUT NO	OT RELATED TO THETERMIN	IAL DISEASE COND	ITION GIVEN IN PAR	PERFORMED?  YES NO
	AS UNDERLYING  GOOD CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW INJUR	Y OCCURRED. (	Enter noture of injury in Po	ort I or Part II af ite	em 18.)	
20c. TIME OF INJU Haur o. m. p. m.	RY Month, Day, Yeor 19	20d. INJURY OCCURRED While Not while at work at work		E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City ar town	) (	County) (State
21. I certify the		attended the deceas		th accurred at	M, fram the ca		, that (I) (we) las e date stated abave
220. SIGNATURE	J. ceels	27	M.E		D. STAF		22b, DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	LTA	LLEN		22d. ADDRESS	chel	ef St	
23a. BURIAL, CREMATION OF THE PROPERTY OF THE	ON, 23b. DATE THEREOF	960 Kan	CHAN	REMATORY	23d LOCATION (CI	ty, tawe or county)	M(State)
24) FUNERAL DIRECTOR	SIGNATURE SIGNATURE	THE MODRESS	na	250. REC'D	BY REGISTRAR 1 4 '60	25b. REGISTRAR'S SI	



1. PLACE OF DEATH

NAME OF DECEASED (Type or print)

5. SEX

ERTIFICATION

10a. USUAL OCCUPATION during most of working

15. WAS DECEASED EVER

13. FATHER'S NAME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
7609 CERTIFICA	TE OF DEATH	Reg. Dist. (No. 0535				
COUNTY ARVNEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE MARK YARNO b. COUN					
c. LENGTH OF STAY IN 16 RURAL and give nearest town)  AVNA POL S  2 2 Clays	C. CITY OR TOWN (If outside corporate limits, write	e RURAL and give nearest town)				
S. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ANNE ARVNDEL GEN. Hospital	302 THAV. N	e. IS RESIDENCE ON A FARM? YES NO				
NAME OF DECEASED Type or print) FLSIE H. SOUTAR	(SOUTAR) 4. DATE OF DEATH	Anth Day Year 44, 1960				
WIDOWED DIVORCED		Pors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months Days Hours Min.				
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working/life, even if refired)	RY 11. BIRTHPLACE (State or foreign country)  Scotland	Scotland				
James A. Watson	14. MOTHER'S MAIDEN NAME Helen Cunningham	<b>注意常是</b> 6 公村				
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	FORMANT A	ddress				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate coese (o), stating the under-lying cause lost.  (b)  DUE TO  DUE TO	Pyelo nephritis	INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	ROT RELATED TO THE TERMINAL DISEASE CONDITION (  Control of Injury in Port I or Port II of item 18.)	GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?, YES NO				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY IHome, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (Stote)				
21. I certify that attended the deceased fram.	19/10 7/7-14 , 19/	that I last saw the deceased				

	(IF CITHER, NOTIFY MEDICAL EXAMINER)	,
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  P. m. 19 Ot work ot work ot work ot work of the control	(County) (Stote)
	21. I certify that I attended the deceased from 7/1 , 19/10 to 7/14 , 19/10 that I alive an 7/14 , 19/10 , and that death accurred at 25/14 M, from the causes and an i	last saw the decease
	ACTUAL SIGNATURE Marriel Helmans M.D. 31 Smith and a lote)	7/WHIC
	PHYSICIAN'S MADRICE TE KLAWANG Question	ned

22b. DATE THEREOF 7-28-60 22c. NAME OF CEMETERY OF CREMATORY
Glen Haven Cemetery 22d. LOCATION (City, town, or county)
Glen Burnie, Maryland BURIAL CREMATION, (Stote)

23. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc., 1217 St. Paul Street

240. REC'D 8Y REGISTRAR JUL 26 '60 DATE

24b. REGISTRAR'S SIGNATURE arthur S. Thous

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VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 7658 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. 1	PLACE OF DEATH S. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. If institution b. COUNTY Anne	n: Residence befare admission) Arundel		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  17 W. First Ave.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITAL (If nat in hospitol, give stre OR INSTITUTION Breeklyn Park	pet oddress)	d. STREET ADDRESS	Ave.	e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF DECEASED (Type or print)  Amelia	Middle Spiegel	Lost	4. DATE Month OF DEATH July	Doy Yeor 14. 1960 19		
5. 5		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6-8-1880	9. AGE (In years lost birthday) 80 yrs.	Months Days Hours Min.		
	. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired)  Housewife	Nene	Germany		12. CITIZEN OF WHAT COUNTRY?		
	August Tribull		Anna Dan				
	WAS DECEASED EVER IN U. S. ARMED FORCES? s. no. or unknown)  (If yes, give war or dates of service)		r. August Spi	egel, 200 Phelp	Olen Daim		
NOI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if bny, which gave rise to immediate couse (a), stating the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITION	deno Carcin		INAL DISEASE CONDITION GIVE	ONSET AND DEATH  ONSET AND DEATH  IN IN PART I(a) 19. WAS AUTOPSY PERFORMED?		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.)						
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While at wark of wark of wark of the wark of war						
	21. I certify that (I) (this hospital) attended the deceosed fram. 1918 to 2/14, 1969, that (I) (we) lost sow the deceased alive an 2-14 1960, and that death occurred at 510M, from the causes and on the date stated above.  220. SIGNATURE  ATTENDING MED. STAFF						
	22c. PHYSICIAN'S NAME (Type) Morton M. Kri	3	M.D. PHYS. D  22d. ADDRESS  5016 A Rote	her Highway	- 25		
L	Burial, Cremation, REMOVAL (Specify) Burial 7-16-1960  FUNERAL DIRECTOR'S SIGNATURE	23c. NAME OF CEMETERY C	er Cemetery		r county) (Stote)  ITANS SIGNATURE		
	eerge J. Genge - 4001 R			JUL 18.60	enting d. Theme		
age of	Thow I time						

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1	. Constitution (Constitution)			
		Jean order	H Tota National Control	

	7610	CEKTIFIC	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	ANNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (Where do . STATE MARYLAND	eceased lived. If institution b. COUNTY	Residence before admission) ANNE ARUNDEL
RURAL and give n	If outside corporate limits, write earest town)  MARYLAND	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside HIGHVIEW-ON-T		
OR INSTITUTION	TAL (If not in hospital, give stree NDEL HOSPITAL	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Harry First	Middle ELLSWORTH		DATE Month OF JU/4	9 1960
5. SEX MALE		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 11, 1900		FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
during most of wor	king life, even if retired)	S.Govt P.O.	Dept. Pennsyl		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
George S	Stine		unknown		
	R IN U. S. ARMED FORCES?		INFORMANT r. Harry E. Stin	Addres e, Jr.,10,21	7 Ridgemoor Dr.,S
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under-	ongestive Selera der		ure	interval between onset and death 48 hours
200 ACCIDENT W			T NOT RELATED TO THE TERMINAL I		YES NO
OR CONTRIBUTING	MEDICAL EXAMINER)				
20c. TIME OF INJUR Hour o. m. p. m.	Whil	L.	LACE OF INJURY (Home, farm, 20 octory, street, office bldg., etc.)	f. (City or town)	(County) (State)
ACTUAL SIGNATURE PHYSICIAN'S	not lattended the deceded of the form of the second of the			/.	that I last saw the deceased an the date stated above pare signe.
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL		22c. NAME OF CEMETERY CO		LOCATION (City, town, or IONTGOMERY CO	county) (Stote) UNTY, MARYLAND
23. FUNERAL DIRECTOR	s signature PIMPHREY, IN	C., ADDRESS SPR	ING, MD. 24a. REC'D BY	REGISTRAR, 6 D24b. REGIST	RAR'S SIGNATURE

TO HOSPIZAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may.

Notined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon pripers. Pages 1 of the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/S5

ours after death. Page 4

ely filled in by the funeral director, lages I and 2 should be filed with

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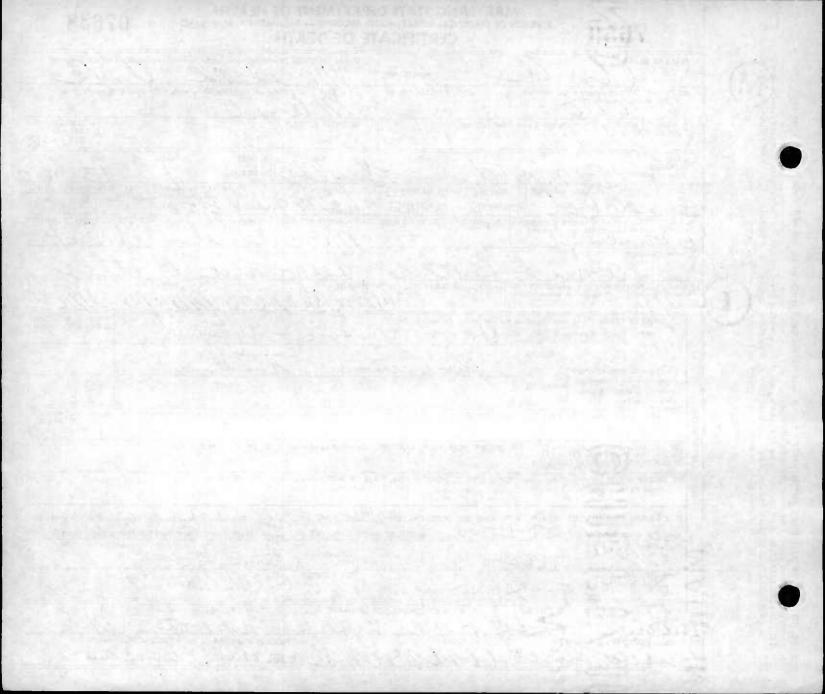
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07638

1	PLACE OF DEATH o. COUNTY  2. USUAL RESIDENCE (Where decosed lived. High institution: Residence before admission) o. STATE O. STAT
	CTIY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
	d. NAME OF HOSPITAL/(If nat in hospital, give street address) OR INSTITUTION  e. IS RESIDENCE ON A FARM? YES \( \sum NO \)
3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  Name OF DECEASED (Type or print)  Name OF DEATH  Annual Month Day Yeor DEATH  1960
5	SEX  6. COLOR OR RATE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Doys   Hours   Min.    1. Manths   Doys   Hours   Min.   Manths   Doys   Hours   Min.   Manths   Doys   Hours   Min.   Manths   Doys   Min.   Manths   Min.   M
10	during mast of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY TO BIRTHPLACE (State or foreign country)  112. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?
13	Levenia Butter
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service)  Address  Address  Address  Address
	18. CAUSE OF DEATH [Enter only one cause per liperfor (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if ony, which gove rise to immediate couse (a), stating the under:  DUE TO  DUE TO
CATION	lying couse last.   (c)
CEDTICI	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State)   4   4   4   4   4   4   4   4   4
	21. I certify that (I) (this haspital) attended the deceased fram. 100 100 100 100 100 100 100 100 100 10
	22c. PHYSICIAN'S NAME (Type) ATALLEN 22d. ADDRESS Children ST
2	36. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town, or county) (Stole)  BREMOVAL (Specify) 7-17-60 HEREOF (WEBSEL EXPLICATION)
2	TENNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE JUL 2 2 '60  Chilm S. Krand

VR A15 (4) 15M 9/59



STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission director. Page or your files. a. COLINTY e. STATE b. COUNTY Anne Arundel Montgomery MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) for your Silver Spring d. NAME OF HOSPIAL OR INSTITUTION (if not in hospitel, give street address) & STREET ADDRESS State Boar IS RESIDENCE ON A FARM? 2, and 3 to the funeral retained Arundel General Hospital Anne Melbourne YES NO TO NAME OF First Middle DATE Month 4. Year DECEASED OF the (Type or print) LESTIE M. THOMPSON DEATH July 19 60 with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with 5 m and 2 w last birthday) Devs Hours Min. Male WIDOWED 1-25-99 DIVORCED uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, at 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) (freeze Sales Manager Washington, D. C. U. S. A. pages FATHER'S NAME 14 MOTHER'S MAIDEN NAME William M. Thompson Nannie Downs File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) permit. Office along with no 578-07-2705 as #2 Dorothy B. Thompson Same This certificate should be executed 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Hemopericardium with cardiac tamponade IMMEDIATE CAUSE (a) burial-t DUE TO removal, Rupture of dissecting aneurysm of ascending aorta geve rise to immediate cause "pending" Examiner's 63 DUE TO (e), steting the underlying SE 90 Partial cause last. pe nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word YES X NO T Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of ilam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY ڡ Month, Day, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) 0 While Not While Hour a.m. at work al work prior Parti al 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection and in my opinion agent, Undetermined manner Natural causes X Homicide death resulted from: Accident Suicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Bradley King, Jr., M.D. EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) DE REMOVAL (Spacify) OH 940 Burial Rest ADDRESS Hagerstown, Haven REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR. VS. A15ME 16D arthur & Krous AUG 2 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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1.		-		
TO DEPLY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony	cute cute kerificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funes, frector. Page 4 should be		crematian,	
cessary, p	. Page 4		o burial,	(
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If any	he funer	for your	he registr	,
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This cert	ord "pend	xominer	ould be u	
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ICAL EX	cate, writi	he Chief I	ECTOR: F	
TY MED	tertific	rded to th	ERAL DIR	Jovol.
TO DEP	cute	farwa	TO FUN	or removal.

VS. A15ME(5) 5M 9/55

	MARYLA	ND STATE	DEPARTM	ENT OF	HEALTH-	-BALTIMORE,	18
761	2 MED	ICAL EXA	AMINER'S	S CERT	TIFICATE	OF DEATH	Re
				n			

Reg. (17.6.41)

	o. COUNTY A. A. CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE  b. COUNTY  A  C  C
	b. CITY OR TOWN (if outside corporate lights, write RURAL ond give nearest touth) 110 10 10 10 10 10 10 10 10 10 10 10 10	c. CITY OR OPHY I Expided Aprote First A-R PHRAL and give negret towny
7	d. NAME OF HOSPITATION INSTITUTION (If not in hospital, give street oddress)  D. O. A. HINE ARCNEEL GEN	d. STREET ADDRESS  D/// RD   6. 15 RESIDENCE ON A FARM?  YES   NO.
	3. NAME OF DECEASED (Type or print) PHO MAS H	To do A DATE Month Day Year OF DEATH 7 6 19 6 0
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years logs birthday) 4. 9-7-43 9. AGE (In years logs birthday) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done)  during most of working life, even if refired)  ATGA Ehea	11. BIRTHPLACE (Slote or lereign country)  12. CITIZEN OF WHAT COUNTRY?
	THOMAS H TODD, SR.	14. MOTHER'S MAIDEN NAME ELIZABETH SHERIDAY
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (If yes, give wor or dates of service)	FORMANT Address
1	DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NOT
	CAUSE OF DEATH.  Solution of the contribution	ther noture of injury in Port 1 or Port 11 of ilem 18.3°  Let a leave a lee below the letter of the country of the letter of the country of the letter of th
	21. I certify that I took charge of the remains described above death resulted from: Notural causes. Accident , Suice ACTUAL SIGNATURE	re, held on Autopsy , Inspection , Inquiry , and find that ide , Homicide , Undetermined couse .  M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER
	220. BURIAR CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY Ruck 22d. LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE DE L'ADDRESS  L'ALLE S. DETRELLE DE L'ALLE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE MIL 25'60 Chilly S. Frank

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 7613 Reg. Dist. No il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. II institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Anne Arundel Mary land Anne Arundel funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest town) plo Annapolis Annepolis d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 25 YES NO TY Annapolis, Maryland 9 German Street NAME OF 4. DATE First Middle Lost Month Year Day DECEASED fille (Type or print) Emanual Joseph TOPLE DEATH July 1960 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Male WIDOWED T DIVORCED [ White popers. yrs. 10o. USUAL OCCUPATION (Give kind of work done during most all working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? er deat US. Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cor Frank TOP move Katherine SMERCIN. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 9 German Street, Annapolis Wife-Faith None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH 1 PART I. DEATH WAS CAUSED BY: Adenocarcinoma Prostate with Metastases Unknovm IMMEDIATE CAUSE (o) DUE TO permit. Conditions, if any, which gned gave rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY FICATION PERFORMED? burial-YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CERT 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work p. m. 21. I certify that I attended the deceased fram May 25th , 190, to July 15th 1960, that I last saw the deceased borriol, \_\_\_, and that death occurred at 7:50AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) det DATE SIGNED DIRECT ACTUAL pe USNH. Annapolis. Maryland SIGNATURE P PHYSICIAN'S NAME (Type) C. LANING 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify)

ADDRESS

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

18'60

VS A1S (4) 1SM 9/S5

23. FUNERAL DIRECTOR'S SIGNATURE

death.

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VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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7660		CERTIFIC	ATE OF DEA	ΓH		Reg. Dist. No	0.022
PLACE OF DEATH O. COUNTY Anne Arundel		MARYLAND	2. USUAL RESIDENCE ( o. STATE  Marylane	20	b. COUNTY		ore admission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Davidsonville	limils, write c. LE	NGTH OF STAY IN 1b	c. CITY OR TOWN (		ote limits, write R		
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION Gentral Ave.	l, give street oddres	5)	d. STREET ADDRESS	Ave.	16		e. IS RESIDENCE ON A FARM? YES X NO
NAME OF DECFASED (Type or print)	Fint NEST DER	Middle UNDEL TUC	Lost KER	4. DATE OF DEATH	Mon July		Yeor 19 60
Male   6. COLOR OR RAC	VIDOWED	NEVER MARRIED [	B. DATE OF BIRTH Oct. 5, 1878		9. AGE (In years lost birthday) 8 Jyrs.	Months Days	R IF UNDER 24 HRS Haurs Min.
Do. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti Ret. Foreman	red)	of Business or Ind Maintance	Davidson	nville,		12. CITIZEN USA	OF WHAT COUNTS
John Thomas Tucker			14. MOTHER'S MAIDER	Ridgewa	У		
5. WAS DECEASED EVER IN U. S. ARMED F Yes. no. or unknown) (If yes, give wor or dates 10 10	of service)		INFORMANT iss Beatrice		Addr		ame as #
gove rise to immediate couse (a), stoting the <u>under-lying couse lost.</u> PART II. OTHER SIGNIFICANT CO	(c)	BUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT C	20b. DESCRIBE H	HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I or Part	II of item 18.)		YES NO
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While N	Not while	PLACE OF INJURY (Home, fo actory, street, affice bldg.,	orm, 20f. (City o	or tawn)	(County	) (State
21. I certify that I attended to alive on	he deceased from 18 60,		19.60, ta_ traccurred at	D.M. from		nd an the do	aw the decease the stated about DATE SIGN
PHYSICIAN'S James R.  NAME (Type) James R.  PERIOL CEMATION, 22b. DATE THEI		MD		Street	Annap	olis, Mo	4
		NAME OF CEMETERY		22d. LOCATI	ON (City, town, o	r county)	(Stote)
BEMOYALI(Specify) July 12	,60 All	Hallows (			ON (City, town, o		(Stote)

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rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL PESFARCH AND RECORDS

	76	14		CERTI	FICA	TE OF DEATH	OKE 1,	MAKTERIND	(	176	43	
	ACE OF DEATH COUNTY	Anne Arun	del	MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	The state of	d lived. If institution b. COUNTY			unde	
b.	CITY OR TOWN (III RURAL and give ne	f outside corporate limits, corest town)	. 4	LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (IF to		prote limits, write RU				
		AL (If not in hospitat, giv		al)		d. STREET ADDRESS 235 King		ge St.,				DENCE FARM?
D	AME OF ECEASED ype or print)	First Rosalie		PORT	ER	VAN NESS	4. DATE OF DEATH	Mon July		16	,	Year 1960
	male	White	VIDOWED	-	ED 🔲	Sec 124 18	81	lost binhday) yrs.	Months	Days	Hours	Min.
100.	USUAL OCCUPATION during most of work	ON (Give kind of work do ling life, even if retired)	ne 10b. KIN	ome	OR INDU	STRY 11. BIRTHPLACE (Stote of Mary)		country)	12.CIT	U.		OUNTRY?
13. F	Theo C	Lorie (	Por	ter		14. MOTHER'S MAIDEN N	AME M	ason	,	M		
	VAS DECEASED EVER	R IN U. S. ARMED FORC If yes, give war or dates of sen		CIAL SECURITY N	). 17. <b>II</b>	arroll Van	Her	y Own	ess MGC	200	rella	Md
		TH [Enter only one court TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line f	gr (of (b), and (c)	e .	Tupcer	Pul	Soy.	0	INTE	RVAL BE	TWEEN DEATH
	Conditions, if or gove rise to in	mmediate (D)_	e XEL			//	3.3			/		
7	couse (o), stoting lying couse lost.	the under- DUE TO (c)_	TIONS CON	ITRIBUITING TO D	- A 741 B117	V	IAL DISTA	C. CONSIDERAL ON	EN INT DA	DT 1(-) 1	2 14/4 6	ALITORCY
FICATION						NOT RELATED TO THE TERMIN		E I Co	EN IN PAI	KI I(0) I	PERFO	NO 🔼
L CERTI	IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				D. (Enter noture of injury in P						
MEDIC.	Hour o.m. p. m.	Y Manth, Doy, Year	20d. INJU While of work	Nat while of work		ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.		y or town)	(	(County)	ď)	(State)

22o. SIGNATURE

21. I certify that (I) (this hospital) attended the deceased from.

saw the deceased alive an

1960 and that death occurred at AM, from the couses and on the dote stated above. 6:40P.M. ATTENDING PHYS.

22d. ADDRESS

MED. STAFF PHYS.

23d. LOCATION (City, town, or county)

1957, to 7-16, 18 Cl, that (1) (we) last

22b. DATE SIGNED

(Stote)

22c. PHYSICIAN'S NAME (Type)

Elmer G. Linhardt

Chesapeake Ave., Annapolis, Md.

BURIAL, CREMATION,

DATE THEREOF

23c MAME OF CEMETERY OR CREMATORX

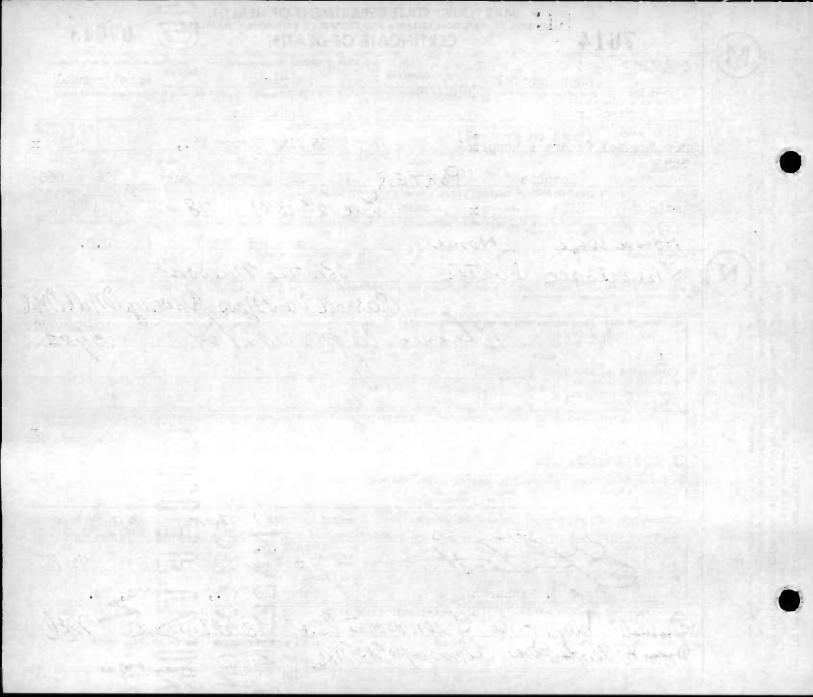
M.D.

25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

EUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPART MEDICAL EXAMINE

	OF HEALTI CERTIFICAT			1			64	4	
UND	2. USUAL RESIDENCE (W	there decear	sed lived. If I	nstitutio	n: Resid	ence bef	ore admi	ission	·/
nds	c. CITY OR TOWN (IF		porote limits, v	Mrile RU	RAL on	d give n	earest to	wn)	
	d. STREET ADDRESS Ark Tr	ailer	Ct				e, IS RI ON YES	A FA	
	VITALI	4. DATE OF DEATH		Aonih July		Day 1		ear	60
8.	DATE OF BIRTH 11/21/26		9. AGE (In year lost birthday)	parting a	UNDER	1YEAR Days	Hours	ER 24	-
DUSTR	Salzburg				12. CIT	IZEN OI	USA.	COU	INTRY?
	14. MOTHER'S MAIDEN N	IAME							
	rormant usband) SP5	Richs		ital	i				
eas	е						yal BETWI		rs
BUT NO	OT RELATED TO THE TERMI	NALDISEAS	E CONDITION	GIVEN	IN PAR		PERFO	RME	
D. (En	ter nature of injury in Port	l or Port II	of item 18.)	M					-5
PLAC	E OF INJURY (Home, form	20f. (Cit	y or town)		(Co	unly)		(SI	ole)

1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLA b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN Ft Geo G. Meade Few seco d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) U. S. Army Hospital NAME OF Middle DECEASED ANNA (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED Female Cau WIDOWED [ DIVORCED 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 118-28-9609 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Hodgin's dis DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying cause fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURR Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED While Not while factory, street, office bldg., etc.] o. m. of work of work p. m. Inspection , Inquiry , and find that 21. I certify that I taak charge of the remains described above, held an Autopsy ... death resulted fram: Natural causes 10 Accident . Suicide . Undetermined cause . Hamicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 1 July 60 EXAMINER'S Gustave H. Faubert. M.D. DEPUTY MEDICAL EXAMINER K NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Arlington. Va. National 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR F.C. Higinbothom, Ellicott City, Md

DATE

0 5M 9/55

VS. A15ME(5)

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	Element Lamon IIII (Company)
	Element Lamon IIII (Company)
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VS A1S (4) 1SM 10/S7

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7662

### **CERTIFICATE OF DEATH**

Reg. Dist. 4.7645

1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (WE o. STATE		. If institution: b. COUNTY	Residence before	ore admission)	
b. CITY OR TOWN (I RURAL ond give ne	f outside corporate limits, write corest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	mits, write RURA	AL and give ne	arest town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	address)	d. STREET ADDRESS				e. IS RESIDENC ON A FARM YES NO	45
3. NAME OF DECEASED (Type or print)	Thoma	Middle	Wallste	4. DATE OF DEATH	Month 7		2 - 196	0
5. SEX	WIDOW	,	8. DATE OF BIRTH	lost		UNDER 1 YEAR	R IF UNDER 24 H	
Farmh	ON (Give kind of work done 10b. sing life, even if retired)	KIND OF BUSINESS OR INDE	mar	yland		12. CITIZEN	OF WHAT COUN	NTRY
13. FATHER'S NAME	my C.W	allage	14. MOTHER'S MAIDEN N	a Pr	att			H
15. WAS DECEASED EVEL	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	17-3038954	John Wal	lace,	Address	sirk.	ma	
	TH [Enter only one couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o). (b). ond (c).]	tach	sen			ERVAL BETWEEN	
Conditions, if or		arthrisa	lunis					
gove rise to in couse (o), stating lying couse lost.								
CAT	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(o)	19. WAS AUTOP PERFORMED? YES NO	?
O THE ETHER, NOTIFY	S UNDERLYING (1) 20b. DES (1) CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of i	tem 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Year 20d. I 19 While of wor	Not while fo	LACE OF INJURY fHome, form actory, street, office bldg., etc.	.)	vn)	(County)	(Sto	ofe)
alive an	at I attended the deceas		19:30, to	July 12 AM, fram the ADDRESS (Street, ci	causes and	an the do	aw the decements stated ab	ave
PHYSICIAN'S NAME (Type)	hours He	nilem	M.D. Lotte	eln 12	ud.		7-14.	6
22d. BURIAL CREMATION REMOVAL (Specify)	7-16-60	22c. NAME OF CEMETERY O	DR CREMATORY	22d. LOCATION (1	City, lown, or co	ounty)	(State)	
23. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS En ad	240. REC'I	BY REGISTRAR	24b. REGISTRA	R'S SIGNATU		

240. REC'D BY REGISTRAR DATE JUL 12'60

246. REGISTRAR'S SIGNATURE
Orthor S. Frank

	7615	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF D o. COUNTY	EATH A, A.	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	on: Residence before admission)
ANN N	TOWN (If outside corporate limits, wr d give nearest town)		ANNAL	etside corporote limits, write R	10
ANNE	HOSPITAL (If not in hospital, give st	Gen. Hosp	d. STREET ADDRESS	ese Av	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or prir	VVILLIA	m Wath	1N5 VT	4 DATE MOR	3 1960
5. SEX	C WID	MARRIED NEVER MARRIED DIVORCED DIVORCED	7-28-190	9. AGE (In years last birthdoy) yrs.	Months Doys Hours Min.
	CUPATION (Give kind of work done of working life, even if retired)  AME	y- U.S. N. Ac	114. MOTHER'S MAIDEN NA	AboLIS. X	U.S.A.
15. WAS DECEA	SEDEVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	Sophie	HALLI	s and Ma
(Yes, no, grunkhow	(If yes, give war or dates of service)  OF DEATH [Enter only one couse p	None E	LIZA beth-	WATKINS -	10 COLLEGEA
	RT 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Congestive	Heart Faile	ne	ONSETAND DEATH
	ns, if ony, which (b)	Mejocar	had Damey		6 mer
lying cou	, (c)	Dybet me	fletvo		15.40
ICATIO	t II. OTHER SIGNIFICANT CONDITIC				/EN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTR	IBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	art 1 or Port II of item 1B.)	
	o. m. W		LACE OF INJURY (Hame, farm, octory, street, office bldg., etc.)		(County) (State)
21. I cer olive on ACTUAL SIGNATUR	All VI	1	and the second		-1-100
PHYSICIAN NAME (Typ	Dr. Theodore	H. Johnson, Jr.			
BURIAL, CI	REMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town,	or caunty) (State)

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld-to-filled with the remistran prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOS VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

irs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

ar Acades Lean Happine college Azertas The second of th Charlet william of the Michigan Have well and Jan Hall EN AND ENTERING STATES TO STATE THE MAIL MAIL THE A STEEL WITH WATER BY WE AND the second secon 232-07-10 months THE SALE OF THE SA to manufe Aproposit of The transfer of the second of The Transfer of the Property o

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 7616 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY b. COUNTY Anne Arundel MARYLAND Anne Arundel e funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) RURAL - Edgewate r 18 days Annapolis d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION Box-213C. YES NO Anne Arundel General Hospital Rt-2. NAME OF 4. DATE Middle Last Manth Year DECEASED WEAVER DEATH July 1960 (Type ar print) Leonard 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH last birthday) Manths Days Hours DIVORCED T White Male WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life even if retired) U.S. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicio 17. INFORMANT ARMED FORCES? 16. SOCIAL SECURITY NO event, attending please any 18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO nd infection x empyers Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) a. m. While Nat while at wark at wark 19 60 21. I certify that (I) (this haspital) attended the deceased fram. July to July 2], 19 60, that (1) (wet last saw the deceased alive on July 21 . 19 60 and that death occurred of M, from the causes and an the date stated above. 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECT MED. DIRECTOR PHYS. M.D. 22c. PHYSICIAN 22d. ADDRESS Barber C. Palmer TO FUNERAL Franklin St., Annapolis, 250. REC'D BY SEGISTRAR DATE

MARYLAND STATE DEPARTMENT OF HEALTH

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

117642

Anne	Arundel		MARYLAND	2. USUAL RESIDENCE (	Where deceas	ed lived. If Institu		dence be	fore adm	ission)
	If outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 16		If outside corp	oorate limits, write	RURAL or	nd give r	nearest to	wn)
Pasadena			3 years	Same						
	vest Shote I		een Haven	d. STREET ADDRESS					ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fin Charles Henr		Middle denhoft	Last	4. DATE OF DEATH	July 5t		Day		ear 9 60
5. SEX			D INEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS
M	W	WIDOWED	DIVORCED	1/13/86	2 E M	last birthday)  7 4 yrs.	Manths	Days	Hours	Min.
0a. USUAL OCCUPAT	ION (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State	e or foreign c		12. CI	TIZEN O	F WHAT	COUNTRY
Retired	ing life, even if retired) Conductor o	f The	PRR	German	v. Euroi	OIF .		USA		
3. FATHER'S NAME	0.001040404	4110	2 9308100	14. MOTHER'S MAIDEN			-			
	9			Theresa W		oft.	-05			
5. WAS DECEASED E	VER IN U. S. ARMED FO	RCFS2 16	SOCIAL SECURITY NO. 17.	NFORMANT	OTAOIM	Address	-			
[Yes, no, or unknown]	(If yes, give war or dates of	service)		Mrs.Edna Wei	donhof					
No				Mrs.Edna Wel	agimior	(MITE)				
	ATH [Enter only one country on							ONS	ET AND DE	ATH
PARI I. DE	IMMEDIATE CAUSE (a)	Cor	onary Occlusion	on				2	udde	n
37	DUE TO									
Canditions, if	10									
gave rise ta imm							( 14)			
(a), stating the cause last.	(c)									
cause last.	(c	DITIONS CO	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MINALDISEAS	E CONDITION GIV	EN IN PA		PERFC	RMED?
PART II. O	HER SIGNIFICANT CON	1	NTRIBUTING TO DEATH BUT A				EN IN PAI		9. WAS PERFO YES	AUTOPSY PRMED? NO
PART II. O	(c) HER SIGNIFICANT CON  USE WAS NATRIBUTING   20	b. DESCRIBE	HOW INJURY OCCURRED. (I	Enter nature of injury in Po	rt I or Port II	of item 18.)			PERFC	NO A
PART II. O'  PART II. O'  20a. EXTERNAL C. PRIMARY   ar CC	(c) HER SIGNIFICANT CON LUSE WAS NATRIBUTING  JRY Month, Day, Yea	Db. DESCRIBE	HOW INJURY OCCURRED. (I	Enter nature of injury in Po	rt I or Port II				PERFC	RMED?
PART II. O'  200. EXTERNAL C. PRIMARY   or CC CAUSE OF DEATH Hour a. m p. m	(c) HER SIGNIFICANT CON  USE WAS NATRIBUTING   20  JRY Month, Day, Yee  19	Db. DESCRIBE 20d. II While at wo	HOW INJURY OCCURRED. (I	Enter nature of injury in Pa CE OF INJURY (Home, for ary, street, office bldg., et	m, 20f. (City	of item 18.) or town)	(Ce	ounty)	PERFO YES	RMED? NO 🔼
PART II. O'  20a. EXTERNAL C. PRIMARY ar CC CAUSE OF DEATH  20c. TIME OF INJI Hour a. m p. m  21. 1 certify	(c) HER SIGNIFICANT CON  NUSE WAS NATRIBUTING   20  IRY Month, Day, Yee  19  hot I took charge	20d. II While at wo	HOW INJURY OCCURRED. (I	CE OF INJURY (Home, for ary, street, office bldg., etc.)	m, 20f. (City	of item 18.) or town)	(Cc	ounty)	PERFO YES	RMED? NO S
PART II. O'  20a. EXTERNAL C. PRIMARY ar CC CAUSE OF DEATH  20c. TIME OF INJI Hour a. m p. m  21. 1 certify	(c) HER SIGNIFICANT CON  NUSE WAS NATRIBUTING   20  IRY Month, Day, Yee  19  hot I took charge	20d. II While at wo	HOW INJURY OCCURRED. (I	CE OF INJURY (Home, for ary, street, office bldg., etc.)	m, 20f. (City	of item 18.) or town)	(Cc	ounty)	PERFO YES	RMED? NO 🔼
PART II. O'  20a. EXTERNAL C. PRIMARY   or CC AUSE OF DEATH  20c. TIME OF INJI Hour a. m p. m  21. 1 certify death resulte	(c) HER SIGNIFICANT CON  NUSE WAS NATRIBUTING   20  IRY Month, Day, Yee  19  hot I took charge	20d. II While at wo	HOW INJURY OCCURRED. (I	Enter nature of injury in Po CE OF INJURY (Home, for ary, street, office bldg., et ove, held an Autop icide , Homicid	m, 20f. (City	of item 18.) or town)	(Cc	ounty)	PERFC YES and	RMED? NO 🔼
PART II. O'  20a. EXTERNAL C. PRIMARY   ar CC CAUSE OF DEATH Hour a. m p. m  21. 1 certify	(c) HER SIGNIFICANT CON  NUSE WAS NATRIBUTING   20  IRY Month, Day, Yee  19  hot I took charge	20d. II While at wo	HOW INJURY OCCURRED. (I	CE OF INJURY (Home, for ary, street, office bldg., et ove, held an Autopicide , Homicid	m, 20f. (City sy , Ir e , Ui	of item 18.) or town) aspection () andetermined of	(Cc	ounty)	PERFC YES and	(State)
PART II. O'  200. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH Hour a. m p. m  21. 1 certify death resulte  ACTUAL SIGNATURE  EXAMINER'S	(c) HER SIGNIFICANT CON  NUSE WAS NATRIBUTING   20  IRY Month, Day, Yee  19  hot I took charge	20d. II While at wo	HOW INJURY OCCURRED. (I	CE OF INJURY (Home, for ary, street, office bldg., etc.)  ove, held an Autopicide , Homicid  _M.D. CHIEF MEDICAL E	m, 20f. (City sy , Ir e , Ui  XAMINER CAL EXAMINE	of item 18.) or town) aspection (), andetermined c	(Cc	ounty)	PERFC YES and	(State)
20a. EXTERNAL C. PRIMARY   ar CC AUSE OF DEATH Hour a. m p. m  21. 1 certify death resulte	CONTRIBUTING DISTRIBUTING DISTRIBUTION DISTR	20d. II While at wor	HOW INJURY OCCURRED. (I  NJURY OCCURRED 20e. PLA  Rod while of work  emains described about Accident , Sui  The state of t	CE OF INJURY (Home, for ary, street, office bidg., etc.)  Eve, held an Autopicide , Homicid  M.D. CHIEF MEDICAL E  ASSISTANT MEDICAL  DEPUTY MEDICAL	m, 20f. (City sy , Ir e , Ui  XAMINER CAL EXAMINE	of item 18.) or town) aspection , ndetermined c	(Cc	ounty)	PERFC YES and	(State)
PART II. O'  200. EXTERNAL C. PRIMARY or CC AUSE OF DEATH  20c. TIME OF INJI Hour a. m p. m  21. 1 certify death resulte  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	(c) HER SIGNIFICANT CON  AUSE WAS ONTRIBUTING []  JRY Month, Day, Ye  19 hot I took charge d from: Naturol  (USTable)  ON, 1225, DATE THEREC	20d. II While at wor	HOW INJURY OCCURRED. (I  NJURY OCCURRED  Not while of work  emains described about  Accident , Sui	CE OF INJURY (Home, for ary, street, office bidg., etc.)  Dive, held an Autopicide , Homicid  _M.D. CHIEF MEDICAL E  ASSISTANT MEDIC  DEPUTY MEDICAL  CREMATORY	m, 20f. (City sy , Ir e , Ui  XAMINER C CAL EXAMINER [	of item 18.) or town) aspection , ndetermined c	Inqui	ounty)	PERFC YES and	(State)
20a. EXTERNAL C. PRIMARY   or CC CAUSE OF DEATH Hour a. m. p. m. 21. I certify death resulte EXAMINER'S NAME (Type)	CLIST QUE HOON, 226. DATE THEREO	Db. DESCRIBE  20d. II  White of the r  causes.	HOW INJURY OCCURRED. (I  NJURY OCCURRED 20e. PLA  Rot while of work  emains described about the property of the plant of t	CE OF INJURY (Home, for ary, street, office bldg., etc.)  Ove, held an Autopicide [], Homicid  _M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL CREMATORY	m, 20f. (City sy , Ir e , Ui  XAMINER C CAL EXAMINER [	of item 18.)  or town)  aspection [7],  ndetermined of [7],  [10N-(City, town,  L1 december 18.)	Inqui	ounty)	PERFO YES D	(State)

TO DEPLITY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If ony is necessory, cute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune. Inector. Page forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial. VS. A15ME(5) 5M 9/55

or removol.

y is necessory, please exerinector. Page 4 should be

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		1	75 E		
		197			

ion,	A	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. I	47649
4 should		1. PLACE OF DEATH a. COUNTY A. CO.  MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence of STATE of D. COUNTY A. D. C. COUNTY A. D. C. COUNTY A. D. C.	
Page burial,	(M)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give one form form form)  C. LENGTH OF STAY IN 1b	nearest town)
brior to	090	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  D.O.A. ANNE ARUN Sel. General Pevern Hats.	e. IS RESIDENCE ON A FARM? YES NO
your fi		3. NAME OF First Middle Lost 4. DATE Month Do (Type or print) Plice Wheath 7 16	
ned for		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED P-21-35  9. AGE In years lost birthday)  Months Days	R IF UNDER 24 HRS Hours Min.
and 3 per retained 2 wi		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN during most of working life, even if retired)  13. Wavel-Academy-Annagelia Balto, City-Maryland U.S.	OF WHAT COUNTRY
5 may b		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	
Page Page File po		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  Who no. or unknown)  If yes, give wor or dates of service)  Unknown  Mrs. Bentha Bocock- manley Par	een way-L
18. Gi n PM3. ermit.		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	TERYAL BETWEEN
ith for ronsit p	V	Conditions if condition	
pencil plang w burial-t		gove rise to immediate couse (a), stating the underlying cause lost.	- 4
Office of as a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
pend miner's		200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) CAUSE OF DEATH.  20c. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING   Cause of DEATH.	
cal Exar 3 shouk	67	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar lawn) (County) While Not while foctory, street, office bldg., etc.)	(Stole)
riting the of Media 1: Page		21. I certify that I taok charge of the remains described above, held an Autopsy, Inspection, Inquiry [	
cate, with the Chie	1	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .	DATE SIGNED
to To	Joan	SIGNATURE  M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	
farwarded O FUNERA	or remo	NAME (Type)  DEPUTY MEDICAL EXAMINER  220. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  22c. NAME OF CEMETERY OR CREMATORY  22d. LOGATION (City, town, or county)	16.60 . (State)
. A15ME(	s AP	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT	Nd -
5M 9/55	1)	11 1- Jugato Stand June 9 9/10. DATEUL 21 '60 Circles S. Kran	ud.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1 PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF		ND RECORDS — BALTIMORE 1, MARYLAI TE OF DEATH	ND 11765
1	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If p. STATE b. C. Maryland	institution: Residence before admi OUNTY Anne Arunde

a. COUNTY	e Arundel	MARYLAND	Maryla:	nd	b. COUNTY	Anne Aru	undel
b. CITY OR TOWN RURAL and give Breeklyn	(If outside corporate limits, write negrest tawn)  Park	c. LENGTH OF STAY IN 1b	1/2-	OWN (If autside car lyn Park	porate limits, write R	URAL and give ne	earest town)
OR INSTITUTION	PITAL (If nat in haspital, give stree th. Ave.	address)	d. STREET AI	odress 14th Ave.			IS RESIDENCE     ON A FARM?     YES    NO     NO     NO     NO     NO     NO     NO     NO     NO
3. NAME OF DECEASED (Type or print)	First VIOLA	Middle WILLIAR	Last	4. DATE OF DEAT		19.	Year 19 60
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	1903	9. AGE (In years last birthday) 57 yrs.	Manths Days	R IF UNDER 24 HRS Haurs Min.
during mast af wa	TION (Give kind of work dane 10b arking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State or foreign			OF WHAT COUNTRY
Housewif 13. FATHER'S NAME	e	Nene		MAIDEN NAME		U.	S.
	e T. Stinchcomb		Ida	M. Parri	sh	and or	
No. WAS DECEASED EN	VER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)		Lee G.	Williar	Same	ress	
	EATH [Enter anly one cause per EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		Heart	Diseas			TERVAL BETWEEN ISET AND DEATH
gave rise to cause (a), statin lying cause las	g the under-	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEA	ASE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE				16	
20c. TIME OF INJU Haur a. m p. m	. While	Nat while fo	ACE OF INJURY (Hactary, street, affice		ity ar tawn)	(Caunty	) (State
	nat (1) (this hospital) attenuased alive an	91960, and that a	death accurred	MED.	n the causes ar	nd an the dat	hat (I) (we) lase stated above 22b. DATE 19 20 SIGNE
22c. PHYSICIAN'S NAME (Type)	1		22d. ADDRE	SS DIRECTOR L	PHYS. L	Bu	140 × MC
23g. BURIAL, CREMAT REMOVAL (Specif Burial	July 21. 1960	23c. NAME OF CEMETERY C		23d. LOC	ATION (City, town,	ar caunty)	(State)
24. PUNERAL DIRECTO	R'S SIGNATURE	ADDRESS Pichie Hewy.		25a. REC'D BY REG	ISTRAR 25b. REGI	STRAR'S SIGNATI	

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Inbury and	Mac Property (19)		Intropac ande
	-74-951 201		er as a fil
		Calmily	
	TO A SOULA SEASON		
	defrant in hid		onochio i conce
	22. Inc. 9. 431-182 . Dec.	120-10-10-	
	than typhorea for	e tang ay yes	
	Charly Liberton Co.		
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ę			

any it is necessary, please ex	une lirector. Page 4 shauld b	your files.	egistrar priar to bywath cremation	
TO DEPLITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any it is necessary, please ex-	cute certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune. Inectar. Page 4 should b	dical Examiner's Office along with farm PM3. Page 5 may be retained fo	e 3 should be used as a burial-transit permit. File pages 1 and 2 with the	1 (
TO DEPLITY MEDICAL EXAM	cute certificate, writing	forwarded to the Chief Me	TO FUNERAL DIRECTOR: Page	or removal.

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	7	6
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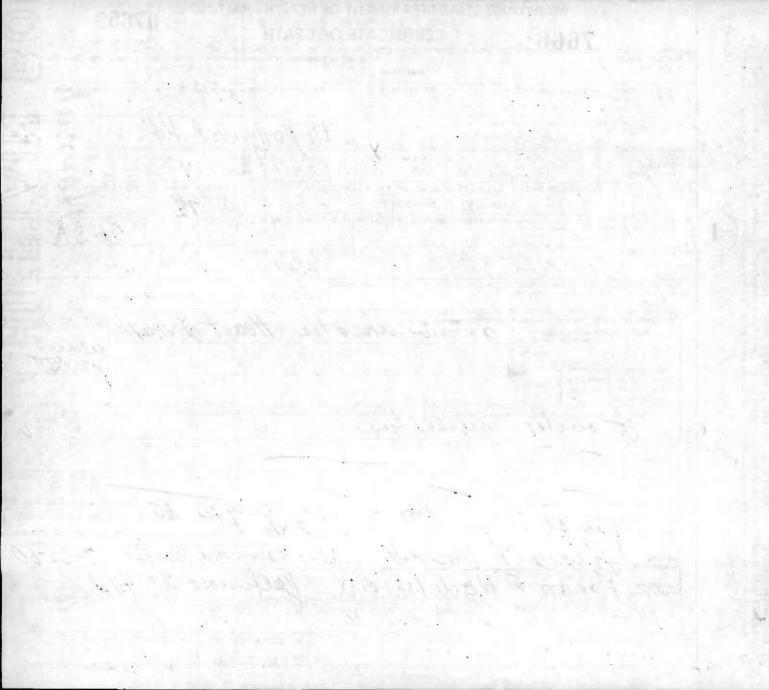
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5.5) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 07651

					N. W	y. DISI. 140		
I. PLACE OF DEATH			2. USUAL RESIDENCE (V	Where deceased liv		Residence bel	fore odmission	1) :
	ne Arundel	MARYLAND	Sar Sar	ne	b. county Same			
b. CITY OR TOWN (I and give nearest town	If outside corporate limits, write RUR: n)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate	limits, write RURA	L ond give n	earest town)	
P.C.Glen		Life	Same					
		in hospital, give street address)	d. STREET ADDRESS				e. IS RESID	
	vay Rd. Malrle	ey Park	Same				YES N	0
3. NAME OF DECEASED (Type or print)	Terry Lee Wi	Middle indeshein	Last	4. DATE OF DEATH	Month July 9th	1.96	Year 19	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 3	DATE OF BIRTH	9. AC	Administration 3	NDER TYEAR	IF UNDER 2	4 HRS
M	W wii	DOWED DIVORCED	8/18/58	1081	yrs. Mon	ths Days	Hours Mi	n.
IOa. USUAL OCCUPATI	ON (Give kind of work done	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	ar foreign country	) 12	. CITIZEN O	F WHAT COL	JNTR
during most of working	ng life, even if retired) Non⊖		Baltimore	e.Md.		USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
John I	Windeshein		Daisy Lil					
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. IN	FORMANT	200	Address			
(Yes, no, or unknown)	(If yes, give war or dates of service	None 1	fr and Mrs.	T Windesh		ents.)		
TO CAUSE OF DEA	ATH [Enter only one cause pr		a din in b.	J . W. ZII GC DI	oin (par		IVAL BETWEEN	
	TH WAS CAUSED BY:		nfootion			ONSE	LAND DEATH	
C 37m	IMMEDIATE CAUSE (o)	Acute pulmonary i	THI GC CTOH			1	g day	
021.	DUE TO							
Conditions, If o							1-12	
gove rise to imme (o), stoting the								
couse lost.	(c)							
PART II. OTI	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN		PERFORME	
20g. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING 🗆	SCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Par	rt I or Port II of ite	m 18.)			
3 20c. TIME OF INJU	IRY Month, Day, Year	20d. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, form	n, 20f. (City or to	wn)	(County)	(S	tote)
20c. TIME OF INJU Hour a.m.	19	While Not while focto	ory, street, office bldg., etc	-)				
		the remains described above	ve held an Autans	y D Inches	ction 7, In		and find	1 41
							and rine	I Inc
dedin resulted	nam: Natural caus	ses [X], Accident [], 3016	cide [], Homicide	, Under	ermined cause	, □.		
ACTUAL SIGNATURE	estave It	sucher Old	M.D. CHIEF MEDICAL EX	XAMINER [			DATE SIGN	CD3
			ASSISTANT MEDIC	AL EXAMINER				
EXAMINER'S NAME (Type)	Gustave H	Paubert, M. D.	DEPUTY MEDICAL	EXAMINER 3	7/0 /6	0		
	ON. 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	(City, town, ar cou	nly)	(State)	
REMOVAL (Specify	12th July 19	160 Glen Have	271	Glon	Burn 18		MN.	
23. FUNERAL DIRECTO		ADDRESS	240. REC'	D BY REGISTRAR	24b. REGISTRAR	'S SIGNATUI	RE	
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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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)	E	0	page 3 shauld be detached far use as the burial-transit permit. Then please remay carbon papers. Pr	the State Board of Health prior to buriol, cremation, or remaval, and in any event, within 22 haurs after o	
		F			
R5	The may be rained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	(4)		
5	M	9/5	59		

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Maryland Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) 16 days Annapolis Glen Burnie d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Plaza Manor Nursing Home Calvert Street NAME OF 4. DATE First Middle Last Manth Yeor DECEASED 19 60 July 30. DEATH (Type or print) Ernest Young 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthdoy) Manths Doys Male Negro WIDOWED 1 DIVORCED | May 18. 190 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Unknown U.S.A. Laborer Unknown Unknown Annapolis. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Parker William Parker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address SOCIAL SECURITY NO. Unnenne Mrs. Alice Brown-A.A.Co. D.P.W. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ? yrs. Hypertensive cardio renal vascular disease IMMEDIATE CAUSE (a) DUE TO Candilians, if any, which gave rise to immediate DUE TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Haur o. m. While Not while of work at work p. m 21. I certify that (1) (this hospital) attended the deceased from July 14. 19 60 that (1) (we) last deceased alive an July and that death accurred at A. M., fram the causes and an the date stated above. the SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 960 DIRECTOR | PHYS. 22c. PHYSICIAN'S 22d. ADDRESS ME (Type 400 N. Carrollton Ave. Balto.23, Md. Pair. M.D. ames M. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or caunty) (State) Burial (Specify) Aug. 2-60 Brewer Hil Annapolis. 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chillun S. Thouse '60 DATELUG 3 C.E. Hickir 111 Annapolis. Maryland

Teles (01 90) M. I SANT HE SANT THE TANK A SANT ; municipality ; e Committee of the commit BEST, DE YEST. TO SITE SHOWS THE THE